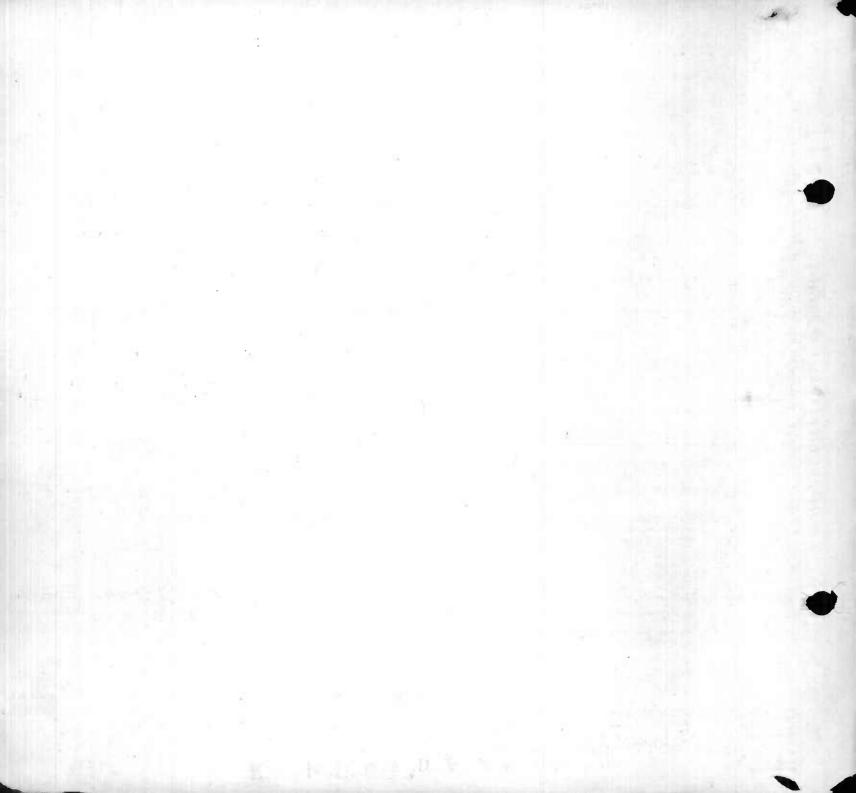
VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

NO

Hours

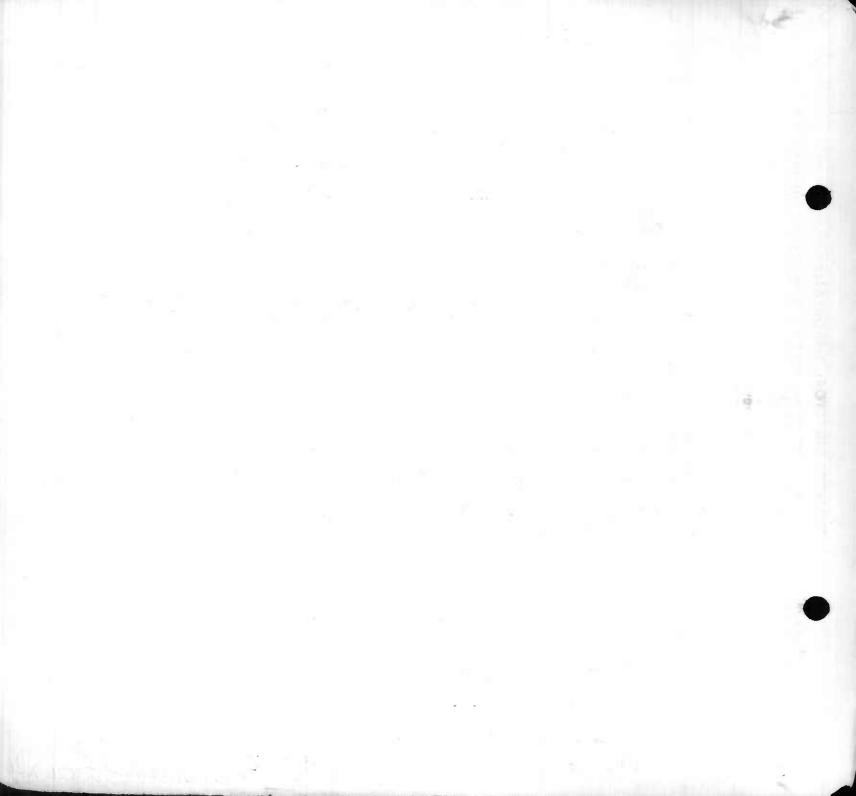
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(Stote)

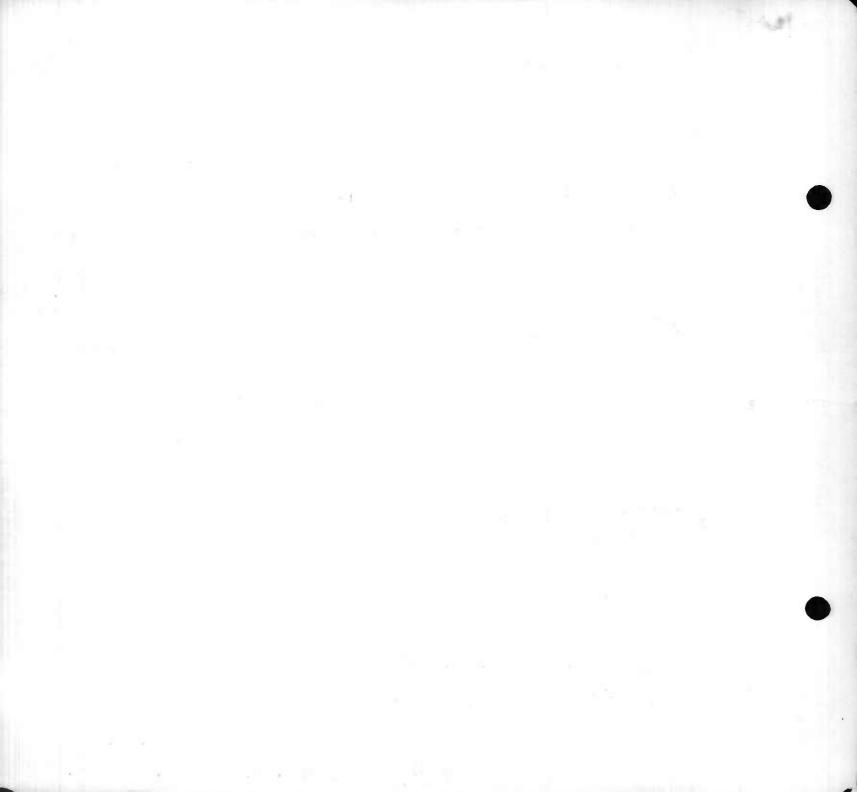
ADDRESS

ADDRESS

If Under 24 Hrs.



	F	55	11.5	Y HEALTH DEPARTMEN		69 5502
BIRTH NO.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CERTIFICA	ATE OF DEAT	H REG. NO	00 0000
1. NAME OF DI (Type or Print)	GICB	ERT	JOHNSON	2. DA	5-29-6	9 903A
3. PLACE IN B.	ALTIMORE MARYLAN	D, WHERE PRO		4. USUAL RESIDENCE	(Where deceased lived. If	nstitution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	F (IF NOT IN H ADDRESS OR	OSPITAL OR IN	STITUTION, GIVE STREET	C. CITY OR TOWN		27-16 SIDE CITY LIMITS?
SINAI	HOSPITAL			BALT	0	YES NO [
BEZVET		CEZUSPRI	NG AUES.	E. STREET AND NUME	WOODCAND	AJE
5. SEX	6. RACE	7- MARRI WIDOW	ED DIVORCED	8. DATE OF BIRTH 6-5-29	9. AGE (In years lost birthdoy)	If Under 1 %. If Under 24 Hrs. Months Doys Hours Min.
done during most	CUPATION (Give kind of working life, even if re	of work 108, KIND	OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stole o	of foreign country)	12. CITIZEN OF WHAT COUNTRY?
Construc	tion Won		olida te Eng inee	* Va		VSA
13. FATHER'S N.		ry Johns	on	14. MOTHER'S MAIDEN	Mary Fisher	
15. Was Deceos	ed Ever in U. S. Arme	nd Forces?	16. SOCIAL	17. INFORMANT	-	ADDRESS NOT 11-17
NO	val (If yes, give wor o	if doies of service	security No. 223-32-6465	Mr Chatman	Johnson 201 B	iue Jay Lane N.J.
18.	29.9		CAUSE OF DEAT		OUTHOUS ZOL D.	APPROXIMATE INTERVAL
DISE	ASE OR CONDITIO		HERA	torenal 5	yndrome	BETWEEN ONSET AND DEATH
(This done	LEADING TO DE		(A) IMMEDIATE CA	USE	Martine	8 days
heart failure	not mean the mod , asthenia, etc. It n	reans the disea	50,	A CONSEQUENCE OF:	mans ' nueston	20010
Infinit at co	amplication which co		Surgery	1 1 1	omy ANAston	
DISEASES	OR CONDITIONS,		(D)	A CONSEQUENCE OF:	luct, hepi	a Tic
rise la l	he abave cause	(A) stating	the arte		e of port	4 /.
UNDEKLIII	NG CONDITION las	il.	(c)		· · · · · · · · · · · · · · · · · · ·	21/
OTHER SIGN	II IFICANT CONDITION:	S CONTRIBUTION	G			
TO THE DE	ATH BUT NOT RELATED CONDITION GIVEN I	TO THE TERMIN	AL			***************************************
OTHER SIGN TO THE DE- DISEASE OR 19A. DATE OF	F OPERATION 198.	CONDITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208, IF YES, WERE	FINDINGS CONSIDERED
5 - 1	7-69 WAS	q. 1 b	leeden	No		
OR CONTRI	SUTING CAUSE Of	F - 1	21& PLACE OF INJURY (e.g., hame, farm, factory, street, c etc.)	ffice bldg., INJURY OCCU	ID (If In Boltimo	re City, give exact location)
OF INJURY	(Manth) (Doy) (TIE INJURY OCCURRED		INJURY OCCUR?	
(APPROX.)			While At Not Whi	le 🔲		
22. I certif	y that (1) (this hos	pital) attende	d the deceased from	5-18	19 69 to	5-29 1969
) last saw the dec					nion death accurred on the date
and have a	nd fram the causes	stated above	(I) (We) (did) (did not)	view the bady after de	ath.	
23A. SIGNAT	ORE	//				23B, DATE SIGNED
1/1/6		7/1	DEGREE Phy	ending Med. S. Director	Staff Phys.	5/29/109
PAME NAME	ANS (Type)	D	USENKH . M	SING /	HOSPITAC	01= DAR 70
24A. BURIAL CE	EMATION, 248, DAT (Specify)	TE 24C	NAME of CEMETERY OF CR	EMATORY 24	D. LOCATION (C	ity, town, or countyl (State)
Buria		2/69	Arbutus Memori	al Park	Baltimore,	CO. MD.
25A. DATE REC	D BY HEALTH DEPT. JUN 2 1969	258. NAM	E OF REGISTRAR E. Jabel MD ()	Herbert E	CTOR	W. North Ave.
VS 150-REV. 1/1				1,		



VS 150-REV. 1/1/6B

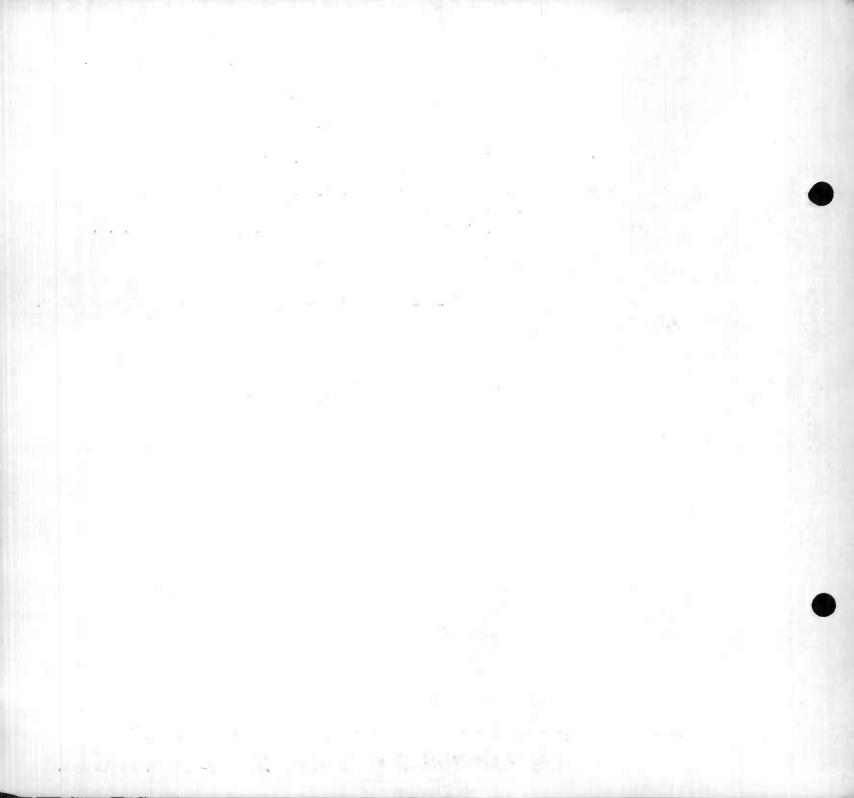
Such

prior to death.

attendance on the

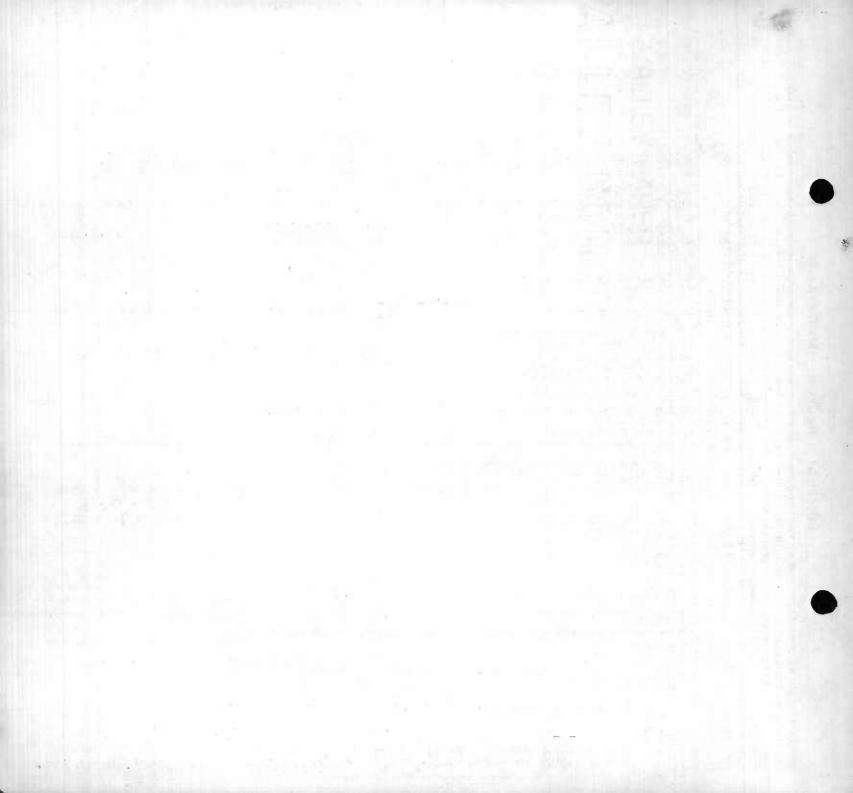
NAME OF DEC	CEASED		04 CERTIFICA	2. DATE A	ND HOUR OF DEA	TH
Type or PrinRos	etta Sample	9		May		6:10 A
FULL NAME OF	TIMORE, MARYLAND, W	AL OR INSTI	TUTION, GIVE STREET	4. USUAL RESIDENCE (Wh A. STATE B. COU	ere deceased lived, i NTY	f institution: residence before admissi
HOSPITAL OR	ADDRESS OR LOCA	ATION)		c.city or town Baltimore	D. II	NSIDE CITY LIMITS? YES X NO .
00	908 N. Carey	Street		908 N. Care	y Street	
Female	Negro	7. MARRIED	NEVER MARRIED DIVORCED	Sept.15,1899	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
	working life, even if retired)		Family	Baltimore, Ma		12. CITIZEN OF WHAT COUNTY
3. FATHER'S NA	ME		-	14. MOTHER'S MAIDEN NA		
Jeter	Murray			Mariah	Paraway	
5. Was Deceosed	Ever in U. S. Armed For		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			219-20-6542	Miss Charlott	e Murray-1	111Wildwood Pkwy.
18. 189	101		CAUSE OF DEAT	н		APPROXIMATE INTERVA
DISEA	SE OR CONDITION DIE	RECTLY		- 11		0 11
	not mean the mode of		(A) IMMEDIATE CA	USE UREMIA A CONSEQUENCE OF:	<u> </u>	2 Months
heart failure	osthenio, etc. It means	the disease				
	mplication which caused		•			
injury or cor		death.)	Rei			6 YEZRS
DISEASES	mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if	death.) ony, giving	(B) Re)	nal Carcil		6 уегкз
DISEASES or ise to the	and a series and a	death.) ony, giving	(B) Re)	nal Carcil		6 yezrs
DISEASES or ise to the	mplication which caused ANTECEDENT CAUSES OR CONDITIONS, it se above couse (A)	death.) ony, giving	(B) Re)	nal Carcil		6 yezrs
DISEASES of the UNDERLYIN	mplication which caused ANTECEDENT CAUSES OR CONDITIONS, it e above couse (A) G CONDITION last. FICANT CONDITIONS CO	death.) ony, giving stating the	(B) Re) DUE 10, OR AS	nal Carcil		6 уегеs
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OTHER SIGNITO THE DEAD OR CONTRIBUTION OF INJURY (APPROX.) 21. L certify that (we) and hour on one of the contribution of the	ANTECEDENT CAUSES OR CONDITIONS, il e above couse (A) G CONDITION last.	ony, giving stating the Stating the Stating the NTRIBUTING HE TERMINAL IT I (A). ODITION FOR FORMED (Hour) 21 WW	(B) DUE TO, OR AS (C) WHICH OPERATION B. PLACE OF INJURY (e.g., me, form, foctory, street, co.) E. INJURY OCCURRED hile At Work the deceosed from May 26 (We) (did) (dId not)	20A. AUTOPSY? (Yes or North Processing of August 1969 ond to view the bady ofter death.	O) 20B. IF YES, WE IN CERTIFYING (If in Boltic	RE FINDINGS CONSIDERED CAUSES OF DEATH? more City, give exoct locotion) 1AY 27 1969 oplinion death occurred on the d
OTHER SIGNI UN DERLYIN OTHER SIGNI TO THE DEA DISEASE OR CO 19A. DATE OF 21A. ACCIDE OR CONTRIB DEATH (notif) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) ond hour on 23A. SIGNATI	ANTECEDENT CAUSES OR CONDITIONS, il e above couse (A) G CONDITION last.	ony, giving stating the Stating the Stating the NTRIBUTING HE TERMINAL IT I (A). ODITION FOR FORMED (Hour) 21 WW	(B) DUE TO, OR AS (C) WHICH OPERATION B. PLACE OF INJURY (e.g., me, form, foctory, street, co.) E. INJURY OCCURRED hile At Work the deceosed from May 26 (We) (did) (dId not)	20 A. AUTOPSY? (Yes or North Processing of Med. processing Page 1) N. CA.	O) 20B. IF YES, WE IN CERTIFYING (If in Boltic JURY OCCUR? 19 (3 to N hot in (my) (our) of Shaff Phys. Rey St.	RE FINDINGS CONSIDERED CAUSES OF DEATH? more City, give exoct location) 1969 oplinion death occurred on the decision of the
DISEASES rise to th UNDERLYIN OTHER SIGNI TO THE DEA DISEASE OR (2) 194. DATE OF OR CONTRIB DEATH (notify that (APPROX.) 22. I certify that (We) ond hour on 23A. SIGNATI NAME (1) SAMUL	ANTECEDENT CAUSES OR CONDITIONS, il e above couse (A) G CONDITION last.	ony, giving slaling the state of the state o	(B) DUE TO, OR AS (C) WHICH OPERATION B. PLACE OF INJURY (e.g., me, form, foctory, street, co.) E. INJURY OCCURRED hile At Work the deceosed from May 26 (We) (did) (dId not)	20 A. AUTOPSY? (Yes or No in or obout 21C, WHERE DID infine bldg., INJURY OCCUR? 21 F. HOW DID IN 19 69 ond to view the bady ofter deoth. 23 D. ADDRESS 909-11 N. CA. EMATORY 24D.	O) 20B. IF YES, WE IN CERTIFYING (If in Boltic	RE FINDINGS CONSIDERED CAUSES OF DEATH? more City, give exoct locotion) 1 Ay 27 1969 oplinion deoth occurred on the death 28,1969 Baltimore, Md- (City, town, or county) (Stote

25C. FUNERAL DIRECTOR ADDRESS
Herbert E. Nutter-3035 W. North Ave.



deceased prior to death); and (6) No physician was in regular the body was released to the hospital shows: (1) An accident of was D.O.A.

1	BALT	TIMORE	- CITY	Hos	PITALS	E. STRE	T AND NUMB	ER	L		
1	4940 EA	SEERN A	VE. BALTI	MORE,	MD. 21224	241	4 McCULO	OH ST,	BALTIM	ORE, MD.	21217
. 5	EX	6. RACE	7. MA	RRIED	NEVER MARRIED	B. DATE	OF BIRTH	9. A	GE (In years birthday)	If Under 1 Monthsi Do	Yr. If Under 24 Hrs.
I	FEMALE	Negro	WIDO	WED X	DIVORCED] [[-1-80		88		
				ND OF B	USINESS OR INDUST	RY 11. BIRTH	PLACE (Stote of	r foreign c	ountry)	12, CITIZEN	OF WHAT COUNTRY?
on	House	working life, eve wife	HI II renred)			DISTRI	Virginia		• 4	U.S.	٨
3.	FATHER'S NA						HER'S MAIDEN		- 4.5	0,0	e Ch. e
		??				? B	ROWN ,	?			
5. \ (es	Wos Deceosed	Ever in U. S.	Armed Forces? wor or dotes of se	vice) 1	6. SOCIAL SECURITY NO.	17. INFO	MANT	1010	EASTERN		DDRESS
		700, 9.10			264-09-4918-	RRCU	DEC ODEC.		IMORE. M		21224
-	18.	2.21		6-	CAUSE OF DEA		THO OILES	DETIT	H emiliar	I A	PPROXIMATE INTERVAL
	DISEA	SE OR COND	ITION DIRECTLY							BETV	WEEN ONSET AND DEATH
		LEADING TO			(A) IMMEDIATE C	AUSE C	ARDID-	- RE	SPIRATOR	VADOSTOT-	10mi
			mode of dying, . It means the dis		DUE TO, OR A		UENCE OF:	and distance	A.L. 1. 1000 F.J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	No. de de de Chilindra de deser	and the state of t
			ch coused deoth.)				-			- 7	
		ANTECEDEN	T CAUSES		(e) R	ETRO	STER	11/41	GRAITE	=	104RS
			ONS, il ony,		DUE TO, OR	AS A CONSI	QUENCE OF:	a b 24% a 8 a 4 a derita e			
		e obove co G CONDITIO	ouse (A) stoting N lost,	the	(c)						***************************************
		11									
ATION	TO THE DEAT	TH BUT NOT RE	TIONS CONTRIBUTED TO THE TERM VEN IN PART 1 (A).		E	- 50	HAGE	AL	DIVERTICE	илим	24RS
TIFIC,			198. CONDITION	FOR WH	IICH OPERATION	20 A.	UTOPSY? (Yes		B. IF YES, WERE	FINDINGS CO	ONSIDERED
CER	21A. ACCIDE	NT WAS UND	ERLYING	21B. P	LACE OF INJURY (e.g.	, in or obout	21 C. WHERE D	ID	(If In Boltimo	re City, give e	xoct location)
CAL	OR CONTRIBL	medical exam	SE OF	home, etc.)	form, foctory, street,	office bldg.,	INJURY OCCU	I R?			
0	21 D. TIME OF INJURY	(Month) (D	oy) (Yeor) (Hour	21E. I	NJURY OCCURRED		21 F. HOW DIE	DINJURY	OCCUR?		
ξ	(APPROX.)			While	At Wo						
	22. I certify	that (1) (thi	s hospital) atter	ded the	deceased fram	(.2	/31	19 (58 to	5-12	8 1969,
	that (1) (we)) last saw th	e deceased aliv	e on	5/28	19	69 or	nd that li	n(my) (our) ap	inian death	accurred an the date
	and hour an	d fram the co	auses stated abo	ve (1)	(We) (did) (did nat)						
	23A. SIGNATU			- Contraction			,			23B. DATE S	SIGNED
	1	1/1/	Pal	c	Max A	ttending	Med. Director	Staff Phys		5/2	8/69
	23C. PHYSICIA		rama	nin	OEGREE	23D. ADD	PFSS				-/6/
	NAME (1		A T DOLLAR TO	100		1010			CITY HOS		07.00.4
4.4	RUPIAL CRE		ALDMANIS	MD.	AE of CEMETERY OF C			4D. LOCA	BALTIMO	City, town, or c	10-10-00-0
		MATION, 24E Specify)									
E +	Burial		5-2-59		utus Memoria				more Cour	icy mai	ADDRESS
AC	. DATE REC'D	JUN 2	1969 (28	and E	Jaber M.D.	1 1	itter Fu	6 6	Home 30	35 W. No	orth Ave.
S	150-REV. 1/1/	'6B									



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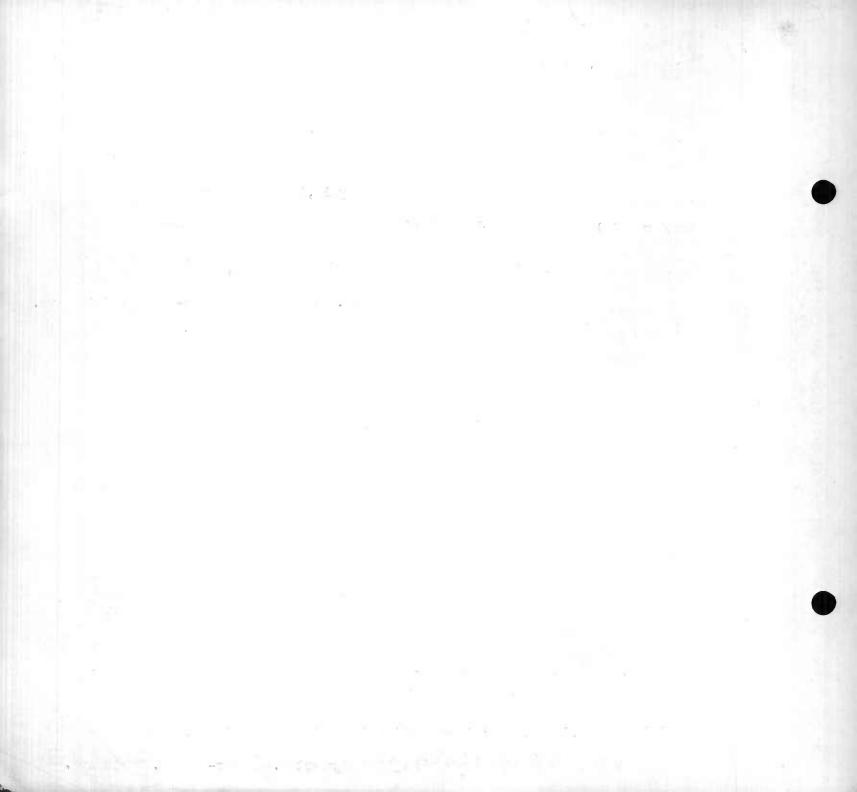
attendance

of death on the

a hospital and

	65 BALTIMORE CITY	(HEALTH DEPARTMENT DEG NO. 69 5506
		TE OF DEATH REG. NO.
	BIRTH NO.	TIE OF DEATH
	I, NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	MABEL O. GASKIWS.	5-26-69 1 6:45 PM
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution; residence before admission) A. STATE B. COUNTY
	THE MANAGER OF ME MOT IN HOSPITAL OR INSTITUTION CIVIS STREET	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
		BALTIMORE YES NO 1
	MD. GEN. HOSP.	E. STREET AND NUMBER
	4-8	IIII TIFFAWY CT
annu.	S. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
Ĕ	F NEGRO WIDOWED DIVORCED	Months Doys Hours Min.
2	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	May 15,1902 67
	done during most of working life, even if retired)	
	Counter Girl School Cafteria	14. MOTHER'S MAIDEN NAME
2	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
in spokin	JENNES HUDSON	NELDS OWN. Mable
-	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	NEWSONO, Mable 17. INFORMANT ADDRESS
3	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Mark Paris Charles and Cole Paris Charles
	18. CAUSE OF DEAT	Mrs. Paulette Alexander-2015 Braddish Ave.
5		WOMA PAWCREAS - BETWEEN ONSET AND DEATH
3	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	WOMA PHOUSEHS-
3	(A)IMMEDIATE CAL	JSE
,	heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:
	injury or complication which caused death,)	
	ANTECEDENT CAUSES (B)	
3	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	A CONSEQUENCE OF:
	rise to the above cause (A) stoting the UNDERLYING CONDITION last. (C)	
remains	11	
E	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
9	2 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED

CERTIF WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, foctory, street, office bldg., INJURY OCCUR? (If In Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner) 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not While (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from 19.62 ond that in (my) (our) opinion death occurred on the date that (I) (we) lost sow the deceased alive and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Phys. Med. Staff Phys. Director 28C. PHYSICIAN'S 23 D. ADDRESS BURIAL CREMATION, REMOVAL (Specify) Burial (City, town, or county) 31 /1969 Baltimore National Cemetery Baltimore, Maryland Nerbort E. Nutter-3035 W. North Ave. VS 150-REV. 1/1/6B

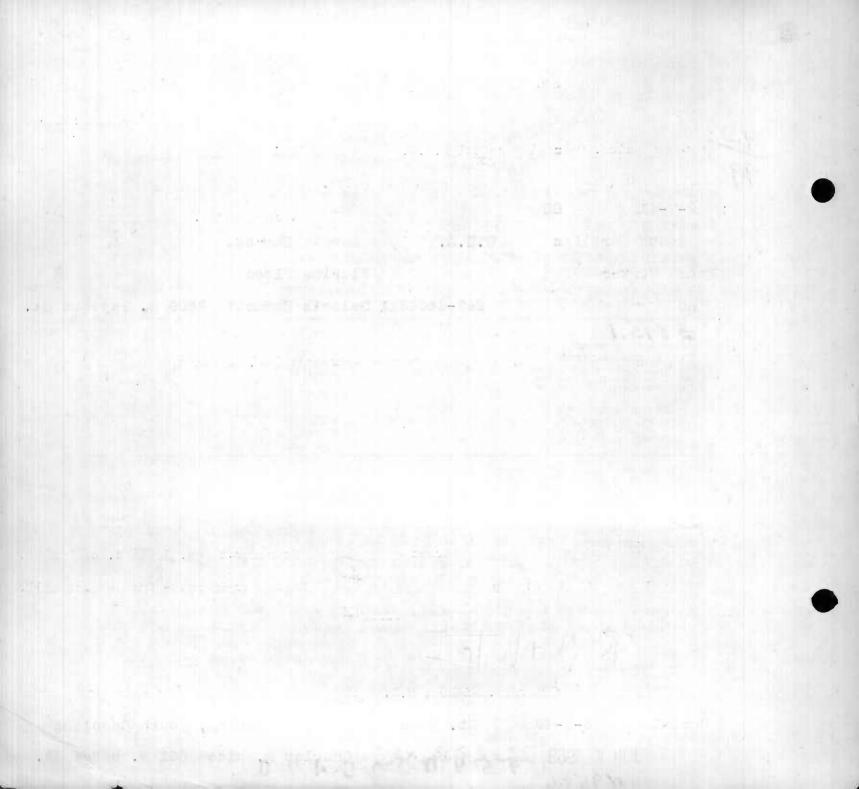


4-530

69 5507 BALTIMORE CITY HEALTH DEPARTMENT

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MEDICAL	EXAMINER'S CERTIFICATE OF DEATH	03

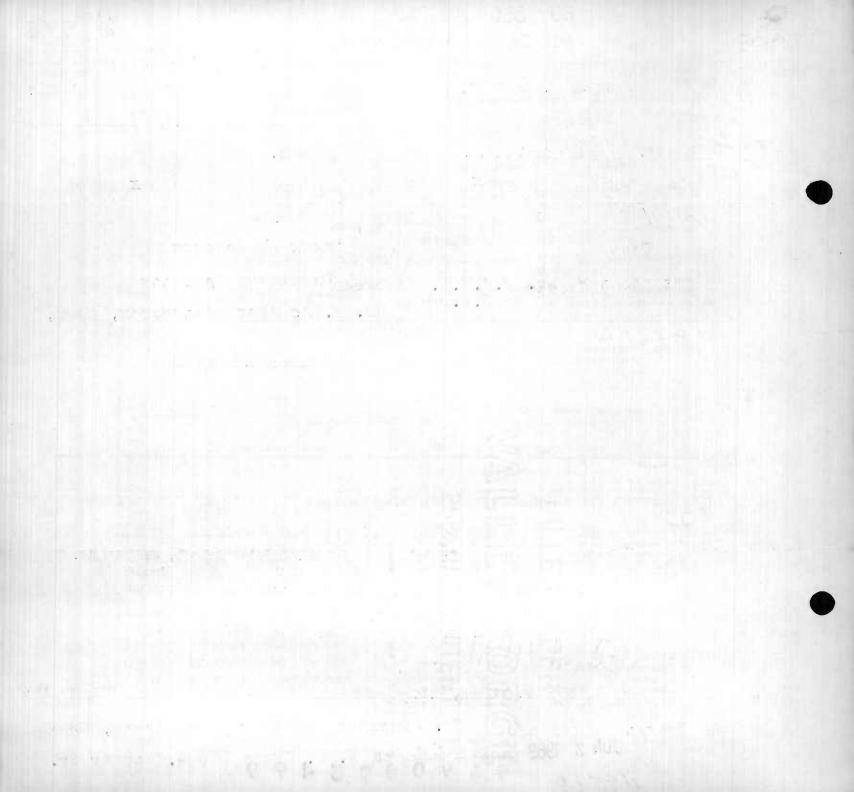
	CERTIFICATE OF DEATH REG NO 69 5507
BIRTH NO.	REG. NO.
1. NAME OF DECEASED (Type or Print) ROLLIND HAMMETT	2. DATE Known XX Manth Day Year Haur OF DEATH Estimoted 5 30 69 5.12 n.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted 5 30 69 5:12 p.M. 3. DATE Month Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD May 30, 1969 5:12 p.m.
South Balto. General Hospital D.O.A.	S. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male Colored WIDOWED □ DIVORCED □	Balto. YES NO
9. DATE OF BIRTH 2-7-41 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths, Days, Haurs, Min.	E. STREET AND NUMBER
11. BIRTHPLACE(State ar fareign country) South Carolins 12. CITIZEN OF TWHAT COUNTRY?	2709 W. Fayette St. 13. FATHER'S NAME Berdie Hammett
14A.USUAL OCCUPATION (Give kind af work) 14B. KIND OF BUSINESS OR INDUSTR	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor ar dates of service)	18. INFORMANT ADDRESS 1 Deloris Hammett 2609 W. Fayette St.
19. CAUSE OF DEA	
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES (B)	CAUSE Cerebrospinal injuries AS A CONSEQUENCE OF: AS A CONSEQUENCE OF:
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	VAS PERFORMED 21. AUTOPSY? (Yes or No)
	YES
UNDERLYING CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Manth) (Day) (Yeor) (Hour) OF INJURY (APPROX.) 5 30 69 4:40 np) WORK WHILE AT NO. AT V. 23.	WORK XX WHERE DID (If in Baltimare City, give exact location) Frankfurst Ave. 1580' S. of 2nd St. 22F. HOW DID INJURY OCCUR? Passenger in auto-fixed object coll.
	de Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER
NAME (Type) Edward F. Wilson, M.D.	May 31 , 1969
24A. BURIAL CREMATION, REMOVAL (Specify) Burial 24B. DATE 24C. NAME of CEMETERY Att. Zion	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Manning, South Carolins 25C. FUNERAL DIRECTOR ADDRESS
JUN 2 1969 Robert E. Jaber M.D.	Charles A. Rice 661 W. Barre St.
VS 151-REV. 1/1/68 N 9	



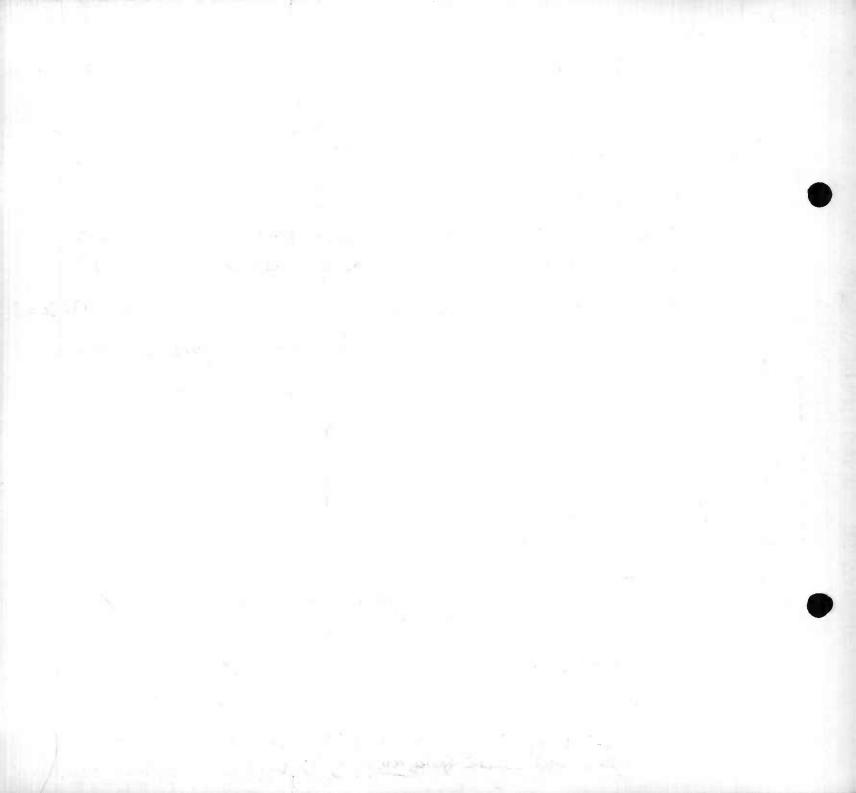
69 5508 BALTIMORE CITY HEALTH DEPARTMENT

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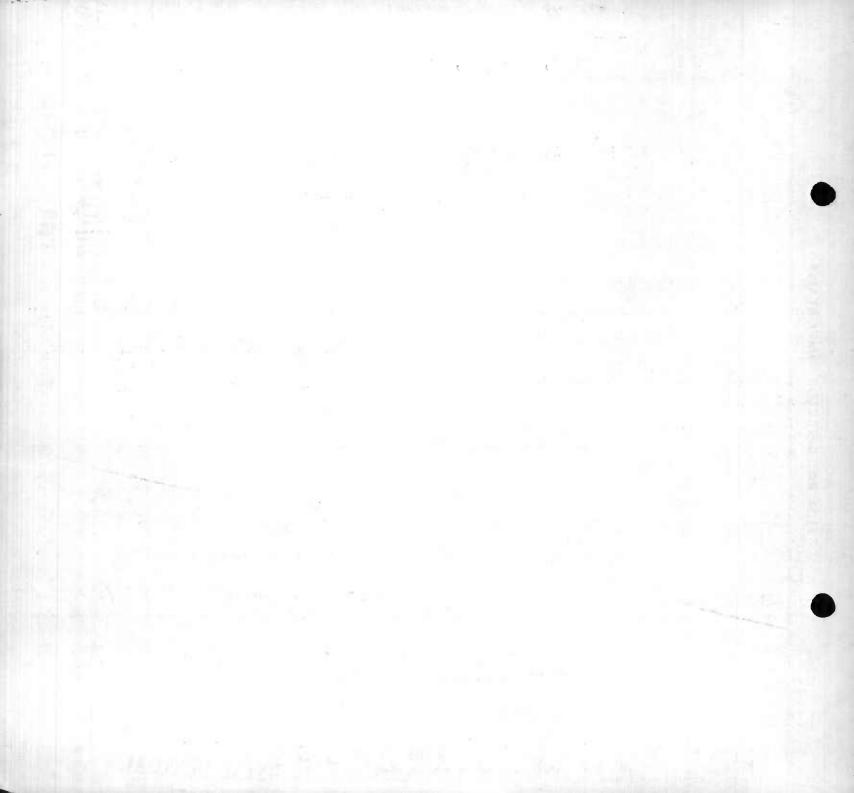
BII	RTH NO.		MED	ICAL	EXA	AMINER'S	CERTIFI	CATE	OF	DEAT	H REG. NO)	0000
1.	NAME OF DEC	EASED					2. DATE	Known	XX	Month	Day	Year	Hour
(Ty	pe or Print)	EDWA	ARD M.	Mc DO	MOHGE		OF DEATH		ted 🔲	5	27	69	
EDWARD M. McDONOUGH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						3. DATE			Month	Doy	Yeor	4:45 pM.	
	LL NAME OF	(IF NOT	TIN HOSPITA	LORINST	ITUTION,	GIVE STREET	PRONO	JNCED DI	EAD	May	27	190	50 / / 5 11
OR	INSTITUTION	ADDRE.	33 OK LOCA	11014)				ESIDENCE	(Where		ved. If institution		efore odmission)
-	C+	Acnos	Unani t	-01 D	0 4		A. STATE	Man			B. COUNTY	1/	-18
6.	SEX	Agnes 7. RACE	nospit			NEVER MARRIED	C. CITY OR	Mas	S.		D. INSIDE	CITY LIMITS?	7 0
	V-1-	T71- 2 4		WIDOW									- [
	Male	White	10.AGE (In			1 Yr, If Under 24 Hrs.		rling	ton		1	YES 1	40 L
	0/70/	0.77	lost birthdo	1)	Months	Doys Hours Min.							
11	BIRTHPLACE (S	tate or foreign	81		12. CITI:	I I	13. FATHER	29 Bro	oadwa	ay			
	~	idle of foreig				T COUNTRY?			Ma	7)			
144	USUAL OCCU	DATIONIC	Lt-d - (1	AR VIND	OF BUS	INESS OR INDUSTR				Dono	UGH		
don	eduring most of w	orking life, eve	en if retired)	HD. KIND	Or bus	IIVESS OK IIVDUSIK		Y		-			
1	ETIRE			N	Y .]	J. H. HAR		ATHI	ERII	VE DO	NNELL		
(Ye	s, no or unknown)	(If yes, give w	or or dotes	of service	R	SOCIAL SECURITY NO.	18. INFOR					ADDRESS	
							J. E.	MC	AV	OY A	RLING		MASS.
	19. 5 8 0	o XI				CAUSE OF DEA	TH						PROXIMATE INTERVAL
	DISEASI	E OR CONDI	ITION DIREC	CTLY									
		EADING TO	DEATH			(A)IMMEDIATE	CAUSE Cr.	anioce	ereb	cal in	juries		
	heort foilure,	ot meon the osthenio, etc. plication whic	. It meons the	diseose,		DUE TO, OR	AS A CONSEC	UENCE OF	:				
		NTECEDENT (60/10/6		(B)	AS A CONSE	DUENCE C	`E.				
	RISE TO THE	ABOVE CAL	USE (A) STAT			DUE TO, OR	AS A CONSE	JUENCE C)F:				
z	UNDERLYIN	IG CONDITI	ON LAST.			(C)							
은			11										
\ 5		TH BUT NOT											
뜬	DISE ASE OR	CONDITION	GIVEN IN PA	RT 1 (A).									
CERTIFICATION	20A. DATE OF	OPERATION	1 20B. CON	NOITION	FOR WH	ICH OPERATION W	AS PERFORM	IED				21. AUTOI	PSY? (Yes or No)
_	2												YES
₹ O	22A. EXTERI UNDERLYING	VAL CAUSE			22B. PLA	CE OF INJURY(e.g., m, factory, street, offi	in or obout 2	2C. WHER	CCUP?	(If in Boltimo	re City, give e	xoct locotion)	33-0
<u>a</u>	UTING CA			3.0		School School	.0 0109., 010.)			les Sci	1001. A	cademy	Rd. &
Σ			oy) (Year) (Hou) 22E.1	NJURY OCCURRED	1650 2			JURY OCC	Inc	odfield	
	(APPROX.)	5 2	7 69	4:25	WHIL	E AT NO	WHILE VORK XX	Subi	oct .	fell d	own sta		ACCUPATION AND ADDRESS OF THE PARTY OF THE P
	23.			7.6001	7		754.3	bub].	CCC.	LCII G	OWII DCG		
	1 cert	ify that I he	eld on li	nquiry	- In	spection A	topsy XX	ond th	ot on t	nis bosis,	deoth In m	y opinion	
	result	ed from: N	oturol cou	ses 🗌	Adci	dent XX Suici	de Ho	micide [Undetermi	ned monner		
			10	711	77			CHIEF ME	DICAL E	XAMINER			
	ACTUAL	M. Tour	Lan	1/1	JIL	S	ASSI	STANT ME	DICALE	XAMINER	1		DATE SIGNED
	SIGNATU					M.I		CIATE ME	DICAL F	XAMINER			
	NAME (T		Edward	F W	1150	a M D	AJJC	CIAIL ML	DICALL	VEWHALK		Ma	y 28, 1969
24	A. BURIAL CREA MOVAL (Specif	MATION, 2	4B. DATE	1	24C. N	IAME of CEMETERY	or CREMATO	ORY	24D.	LOCATION	(City, to	wn, or county)	
KE	RURIA	1	5/31/	60		ST. BERR	IARDS	CEME	משתי	v	NEW H	A 77 77 NT	00000
25	A. DATE REC'D		DEPT.	25B. N	AME OF	REGISTRAR			DIRECTO		WEW II.	AVEN,	CONN
		MANA	2 196	9 00	in the	E. Jaber M.	D. H.	W . 1	TEAR		5 N.C.	ALVER	T ST.
VS	151-REV. 1/1/68	NGE	40	+	1-5	1 0.0	70 5	4	,	/			-
		000											



69 5509	BALTIMORE CITY H	EALTH DEPARTMENT	V.	69 550	30
BIRTH NO.	CERTIFICAT	E OF DEATH	REG. NO	00 000	70
1. NAME OF DECEASED		2 DATE AN	D HOUR OF DEATH		
MILLIGAN, Larry Ric	ahard				
3. PLACE IN BALTIMORE MARTLAND, WHERE PRONOUNCE	CHALU	Usual arribrator (WI	/29/69	2:20	A. M.
WHERE PROMOUNC	LED DEAD	USUAL RESIDENCE (Whe	re deceased lived, If ins ITY	tilution: sesidence before	odmission)
FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	N. GLVE STREET	Delaware		1/ 17	
INSTITUTION ADDRESS OR LOCATION)	1	CITY OR TOWN	D INCOM		
				E CITY LIMITS?	
2 <	11-	Seaford		YES NO	1
The Johns Hopkins Hospita	al t	STREET AND NUMBER	00 - 0		
		Rt. 2 Box	82 Seafor	rd, Dela.	
5. SEX 6. RACE 7. MARRIED N	NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In years	Il Under 1 Yr. Il Un Months Doys Hours	der 24 Hrs.
Male White WIDOWED	DIVORCED	11/20/51	lost birthday) 17	Months Doys Hours	Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS	INFSC OF INDUSTRY	PIRTURI A CE IC.			
Tone during most of working the, even at feilled)			yn country)	12. CITIZEN OF WHAT	COUNTRY?
STUDENT SEAFORD !	HIGH School	DECAWARE		USA	
13. FATHER'S NAME	14	MOTHER'S MAIDEN NAM	M.F.	03.1	
Donald Milligan	ì				
		clores Coms	TOCK WILL	-16AN	
	SOCIAL 17.	INFORMANT		ADDRESS	
NO -	SECURITY NO.	20012			
44.0		DONALD R.Y	MILLIGAN	1-5EAFURO	DEZ.
18. 2 3 8, 1 1	CAUSE OF DEATH			APPROXIMATE	INTERVAL
DISEASE OR CONDITION DIRECTLY		2		BETWEEN ONSET	AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAUSE	Brain steam	n compressi	on 24 hou	465
(This does not meon the made at dying, e.g., heart failure, osthenia, etc. It means the disease,	DUE TO, OR AS A C	ONSEQUENCE OF:	/		
injury or complication which caused death.)	-				
ANTECEDENT CAUSES	trob.	Brain steam	tromas	121	
			14/10)	(?)	,
DISEASES OR CONDITIONS, if any, giving	(B)	ONSEQUENCE OF:	***************************************		
rise to the above cause (A) stating the UNDERLYING CONDITION last.		~			
The state of the s	(c)	-		***************************************	*******
z					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		- Annaha			
DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************				
19A-DATE OF OPERATION 19B. CONDITION FOR WHICH	H OPERATION	20A. AUTOPSY? (Yes or No)	208 IF YES, WERE FIN	IDINGS CONSIDERED	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19R. CONDITION FOR WHICH WAS PERFORMED . ON STRUCTURE MY	drocephalces	NO _	IN CERTIFYING CAUS	ES OF DEATH?	
U 21A. ACCIDENT WAS UNDERLYING 21B. PLAC	CE OF INTIDAY (a.g. in or	obout 21 C. WHERE DID	(if to Politicary	City also and the state of	
OR CONTRIBUTING CAUSE OF home, forme,	m, factory, street, affice	bldg., INJURY OCCUR?	fir in pollimore	City, give exact location)	
	-		-		
	JRY OCCURRED	21 F. HOW DID INJU	IRY OCCUR?		
(APPROX) While At	Not While				
VVOIK	AT WORK			U .	
22. I certify that (1) (this hospital) attended the de-	ceased from Ma	4 27+5	969 to Ma	24 2914 15	69
that (I) (we) last saw the deceased alive on	May 2814	1- 4	t In(my) (our) opinic	7	
			intmal font) objute	an death occurred on	the date
and haur and from the causes stated above, (1) (We) (dld) (dld nat) vlew	the bady after death.			
1 /			2:	B DATE SIGNED	
t. Velasco	Attendin		toff D	5-29-60	9
23C. PHYSICIAN'S NAME (Type)	DEGREE Phys.	ADDRESS	hys		(,
	230.				
Frankisco Velasco	DEGREE	The Johns Ho	opkins Hosp	pital	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME o	CEMETERY OF CREMA			town, or countyl	(Stotel
					(31016)
BURIAL JUNE 1969 1000 PE	-LLOCUS CEN		FORD DELA	WARE	
25A. DATE REC'D BY HEALTH DEPT. 1369 NAME OF REG	SISTEAR OF MAN	25C. FUNERAL DIRECTOR	x / A	ADDRESS	
	And the last	talentum.	litetson-SE	APERO DITA	WARE
150-REV. 1/1/68		7			2011



1)-60	369-0998	554	BALTIMORE CITY	HEALTH DEPARTMENT		69 5510 -
URTH NO	51-27-65		CERTIFICA	TE OF DEATH	REG. NO	03 3310
NAME OF D	54-27-65 ECEASED			2. DATE	AND HOUR OF DEATH	1
Type or Print)	Wright,	Baby Gi:	rl, Joyce		May 22, 1	969 9 P
PLACE IN B	ALTIMORE, MARYLAND, V	WHERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (WA. STATE B. COL	here deceased lived. If	institution: residence before admission
ULL NAME O	DE (IE NOT IN HOSPI	TAL OR INSTITU	JTION. GIVE STREET	MARYLAND		8-07
OSPITAL OR	ADDRESS OR LOC	ATION)	JTION, GIVE STREET	C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
,				BALTIMORE	-1.79	YES V NO
31	Reltimore City	Hognita	ls 21224	E. STREET AND NUMBER		
4940 Eas	Baltimore City stern Avenue	Baltimor	e, Maryland	1521 BETHEL S		V
SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	Months Doys Haurs Min.
PEMALE	NEGRO	WIDOWED[5-22-69		7 45
	CUPATION (Give kind of wor of working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	areign country)	12. CITIZEN OF WHAT COUNTR
no coming mon	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			MARYLAND		U.S.A.
FATHER'S N	IAME			14. MOTHER'S MAIDEN N	AME	
, Was Deceas	sed Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
	wn) (If yes, give war or dat		SECURITY NO.			
				BCH: RECORDS	4940 EASTERN	
1B. 7	6.21		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
DISE	ASE OR CONDITION D			Ko -	To Fa	1/2 0 0 1-1
(This days	LEADING TO DEATH		(A) IMMEDIATE CA	ISE / lespera	can ca	una, lactoro
	s nat mean the made a re, asthenia, etc. It means		DUE TO, OR AS	A CONSEQUENCE OF:	TA	1-4
injury ar c	camplication which cause	d death.)		I on	malu	uly)
	ANTECEDENT CAUSE	S	(B)			
	OR CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:		
	the above cause (A)	slaling line	(c)			
	- 11		(4)			
OTHER SIGN	NIFICANT CONDITIONS CO	NTRIBUTING				
	ATH BUT NOT RELATED TO R CONDITION GIVEN IN PA		,			
U 19A DATE	OF OPERATION 198. COI		WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 20B. IF YES, WER	FINDINGS CONSIDERED
2	WAS PE	KPO KINIED		yes,	YES	AUSES OF BEATH
) 21 A. ACCI	DENT WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g.,	fice bldg., INJURY OCCUR?	(If in Suisin	ore Eily, give exact lac ioni
DEATH (no	tify medical examiner	etc.)		Singy into Ki GCCOK:		
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID I	NJURY OCCUR?	
OF INJURY			le At Not Whi			
		Wai			1.19 1	12 (and) 10
22. I certi	ify that (1) (this hospite)) ottended ti	ne deceased from	122/69 /:4/1	419 D/ ta >	12-1/1/196)
that (I) (w	ve) lost saw the deceas	ed olive an	5/22	19	that in (my) (our) of	olnion death accurred on the do
and haur	and from the couses sta	ated abave. (1) (We) (did) (did not)	view the bady ofter deat	h.	
23A. SIGNA	TURE				1	23B, DATE SIGNED
	1 /00.) 8	/ Phy	ending Med. Director	Shaff Phys.	5/23/19
23 C. PHYSIC			DEGREE ""	22D ADDRESS		2000
NAME	(Type)					
DAE UN	KIM DATE	1240 114	DEGREE	4940 EASTERN		IMORE, MARYLAND
REMOVAL	L (Specify)	24C. NA	AME of CEMETERY of CR	ENTATORT 24D	4940 EASTERN	City, town, or county) (Stote)
CREMA	TION 5-26-69	BA	LTIMORE CITY	HOSPITALS I	BALTO. MD.	21224
SA. DATE REC	D BY HEALTH DEPT.	25B. NAME C	REGISTRAR ()	250 PUNERAL DIRECT	0	ADDRESS
	JOIN % 130	ללבו לינויונו	E. Vanber M.D.	TUSPI	TAI, DISP	JOAL
				6:4:01		



lived. If institution: residence before admission) D. INSIDE CITY LIMITS? YES XX NO If Under 24 Hrs. If Under Hours Months Days 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS 1224 BCH: RECORDS 4940 EASTERN AVE. BALTO. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes or No.) 20B. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact lacation) and that in (my) (out) opinion death occurred an the date 23 B. DATE SIGNED was D.O.A deceased written ap shows: (1) Julies Estaller M. B. VS 150-REV. 1/1/6B

VS 150-REV. 1/1/6B

approved by the chief medical examiner or his assistant if death

FUNERAL DIRECTOR:

IMPORTANT

occurred in

69 551

BALTIMORE CITY HEALTH DEPARTMEN

5549 M. Y?

tome

BIRTH NO.	CERTIFICA	TE OF DEATH		
1. NAME OF DECEASED		2. DATE AN	ND HOUR OF DEATH	
(Type or Print) TINY T. T	FUNETTE			112.45
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If in	12:45 A
FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN		27-78
	. 1	Baltimor		YES NO
Maryland Groweras	H02p.	E. STREET AND NUMBER		
5. SEX 6. RACF 17. see			tian Rd.	
M WID	ARRIED NEVER MARRIED DIVORCED DIVORCED	712/95	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 He Months Doys Hours Min.
IOA, USUAL OCCUPATION (Give kind of work 10B, Ki	NO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote at fore	ign country)	12. CITIZEN OF WHAT COUNT
MACHINIST WA	VAL GUN Freton	Ohio		USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
John Jeunette			CologNi	IN
5. Was Deceased Ever in U. S. Armed Ferces? Yes, no ar unknown) (If yes, give wor or dotes of se	rvice) 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
1/0 -	212014434	Modical re	cord	
18. 436 91	CAUSE OF DEATH	1		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	,			BETWEEN ONSET AND DEA
LEADING TO DEATH	/ANIMMEDIATE CAU	SE CVA WA CONSEQUENCE OF:	ith Cours	
(This does not mean the mode of dying heart failure, asthenio, etc. It means the di	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	and - Al De T	
injury or camplication which coused death.	sease,		aspiration	production
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, if any,	giving DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the obove cause (A) stating	the	TO THE STATE OF TH		
UNDERLYING CONDITION last.	(c)	*******************************		
z II		<u> </u>		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).	INAL	******************	184400	
19A-DATE OF OPERATION 19B CONDITION WAS PERFORMEN	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IP YES, WERE F	INDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	218 PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or about 21 C. WHERE DID	(II in Baltimore	City, give exact location)
O 21D TIME (Month) (Doy) (Yeo) (House OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
E (APPROX.)	While At Not While		PRI OGOKI	
	Work L At Work	□ /		
22. I certify that (I) (this hospital) atten			9 69 to 5	- 29 - 1965
that (1) (we) last saw the deceased alive	e on 5-	28 19 69 and the	at in (my) (aur) apir	aian death accurred an the do
and have and from the causes stated abo	ve. (I) (We) (did) (did nat) vi	ew the body after death.		
23A. SIGNATURE				23B, DATE SIGNED
Ching Hu	VSal Hoegree Phys.	ding Med.	Staff Phys.	5-29-69
23C-PHYSICIAN'S NAME (Type)	2	3D. ADDRESS		
Ching-Heu	Teai, M.D. DEGREE	Maryle	and Gen	eral Hospital
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	4C. NAME of CEMETERY OF CRE	VIATORY 24D. LC	CATION (City	y, town, or caunty) (State)
BURIZ 5-31-69	LORRAINE PZ	VK Wen	1sor Mill la	1 B. 14 GM

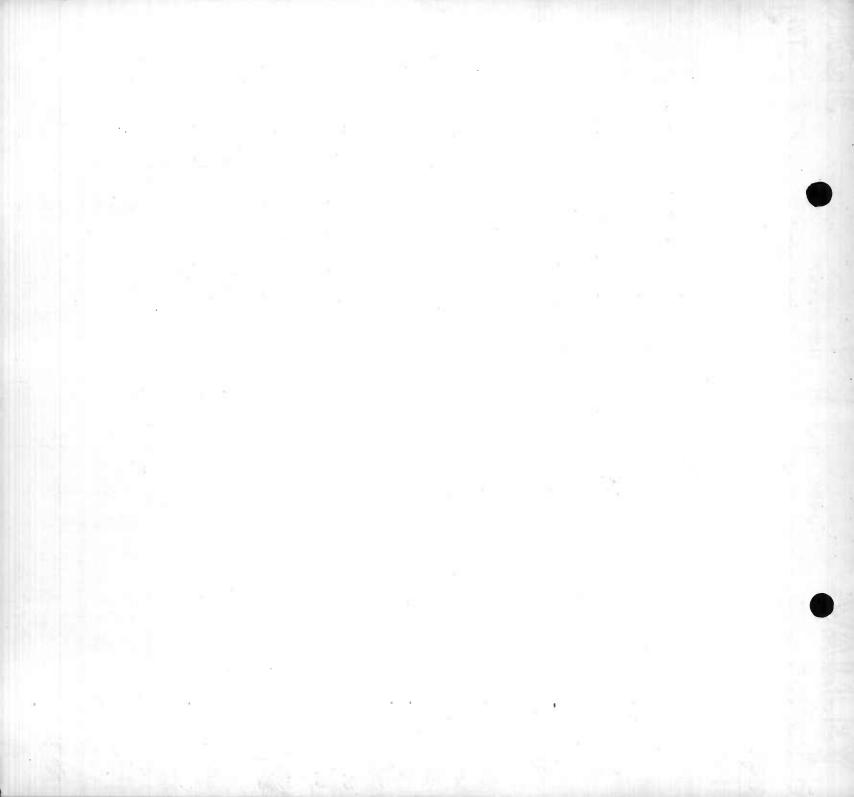
FUNERAL DIRECTOR





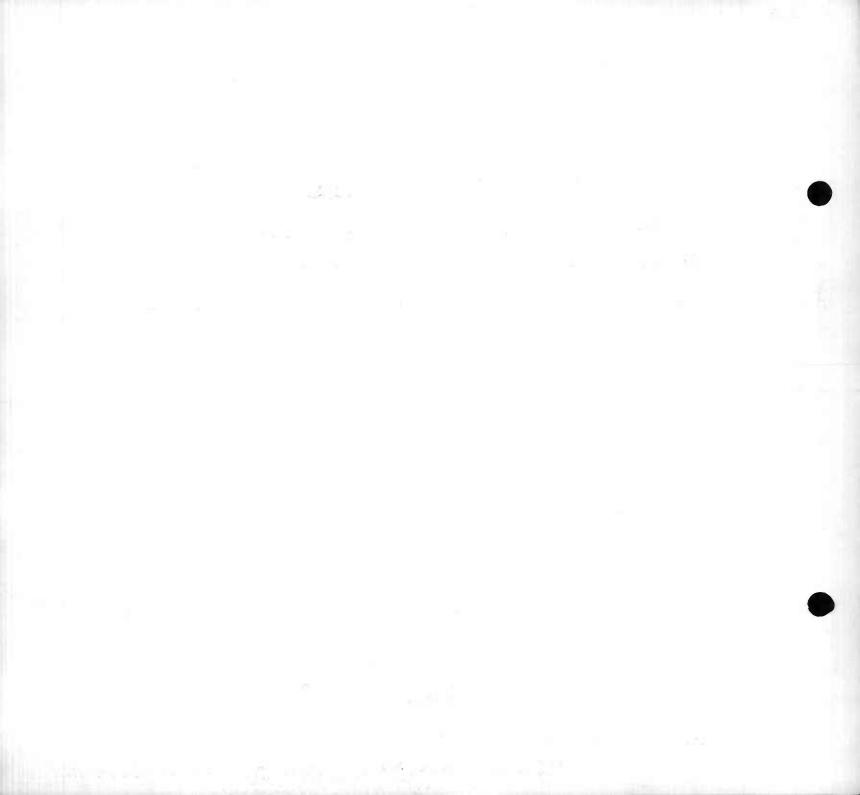


1	69 5545 BALTIMORE CITY HEALTH DEPARTMENT
. ві	CERTIFICATE OF DEATH REG. NO. 69 5515 REG. NO. 69 5515
1. (T ₁	NAME OF DECEASED MAU W LOWE MAU 28 1969 8:30 A. M.
	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. STATE B. COUNTY J.L. NAME OF OSPITAL OR ADDRESS OR LOCATION) OSPITAL OR STATE OSPITAL OR STATE OSPITAL OR STATE O. INSIDE CITY LIMITS?
	90 The Wesley Home Beltimore YES NO DE STREET AND NUMBER 22 14 11 Page 200 Aug
5,	SEX 6. RACE 7/MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Hours Min. Hours Min.
	A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? May aland USA
13	Elijah WARD CARRIE Adams
1.5 (Y	Wos Deceded Ever in U. S. Armed Forces? sp. ng or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 218 52 2418 U/es/ey Home Records Above
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This daes not mean the made of dying, e.g., heart failure, asthenia, etc., It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, (A) polytical the state of the
IEIC ATION	
AI CERTIEIC	OR CONTRIBUTING CAUSE OF home, form, factory, street, office bldg., INJURY OCCUR?
CICENT	
	22. I certify that (1) (this haspital) attended the deceased fram 19 to MAY 28 1969 that (1) (we) last saw the deceased alive an 19 and that in (my) (our) apinlan death occurred on the date and haur and fram the causes stated above. (t) (We) (did) (did not) view the bady after death.
	23A. SIGNATURE Clarence W. LeDous DEGREE Phys. Attending Med. Director Phys. 5/28/69 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS 2124
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or equally) (State)
	JUN 2 1969 June & James & James & James & James & James & James & June 150-REV. 1/1/68
A 2	1984 W 1 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1



	ITY HEALTH DEPARTMENT		
BIRTH NO. 69 5516 CERTIFIC	CATE OF DEATH REG. NO. 69 5516		
I.NAME OF DECEASED			
(Type or Print) WILLIAM ROSS FARDWELL	2. DATE AND HOUR OF DEATH 5-27-69 - 18.40 P.M.		
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY		
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN BALLO. CU. 53.00		
36	BALTIMORE YES NO NO		
FRANKLIN SQUARE HOSPITAL	E. STREET AND NUMBER		
	63 C. OAK GROVE DRIVE		
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years III Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.		
19 WIDOWED DIVORCED	7 5 94 84 84		
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY		
RETIRED-Clarical Plumbing	MARYLAND U.S.A.		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
WILLIAM ROSS FARDWELL	MINNIE MC GLAUGHLIN		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or doles of service) SECURITY NO.	17. INFORMANT ADDRESS		
NO - 216-54-26	682-T UTAL RUANGWIT, 4.D. FRANKLIN SQ. HOSP		
18. CAUSE OF DE	ATH APPROXIMATE INTERVAL		
DISEASE OR CONDITION DIRECTLY	PPURATIVE CHOLANGITIS THE ONSET AND DEATH		
LEADING TO DEATH	CAUSE PERITUNITUS AS A CONSEQUENCE OF:		
(This does not meen the mode of dying, e.g., hear laiture, asthenia, etc. It means the disease, injury ar complication which caused death.)	AS A CONSEQUENCE OF: 1 PLICATING CHULYDOCHO -		
ANTECEDENT CAMERS			
(B)	AS A CONSEQUENCE OF:		
rise to the above cause (At stoling the	a de la constant de l		
(0/			
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL ODISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1198. CONDITION FOR WHICH OPERATION			
O DISEASE OR CONDITION GIVEN IN PART 1 (A).	20.0.4.4.4.4.6.6.4.4.4.4.4.4.4.4.4.4.4.4.		
WAS PERFORMED	20A-AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
OR CONTRIBUTING TICAUSE OF	g., in or about 21 C. WHERE DID office bidg., INJURY OCCUR? (If In Boltimore City, give exact location)		
DEATH (notity medical examiner) DEATH (notity medical examiner) DEATH (notity medical examiner) O 21D-TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	-		
S OF INJURY	21F. HOW DID INJURY OCCUR?		
(APPROX.) While At Work At Wo			
22. I certify that (1) (this hospital) attended the deceased from			
that (1) (we) last sow the deceased alive on 5-27-	19 69 and that In(my) (our) opinion death occurred on the date		
and hour and from the couses stated above. (1) (We) (did) (did not			
23A. SIGNATURE	23& DATE SIGNED /		
DECORE P	Attending Med. Staff Director Phys. D 5-27-69		
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS		
UTAI RUANGWIT, M.D. DEGR. PARE PURIAL CREMATION, 124B. DATE 124C. NAME OF CEMETERY OF CO.			
DEMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF	CREMATORY 24D. LOCATION (City, lown, or county) (Stote)		
1) UY12 D-81-69 LOUDOW 121	K cem 122/to 111d		
JUN 2 1969 600 E Valley 161	25C FUNERAL DIRECTOR APORESS		
VS 150-REV. 1/1/68	SINDRIGE TUNEVAL TOME Delto INV		





	Cf	1 55	BALTIMORE CITY	HEALTH DEPARTMENT	CO	5510
BIRTH NO	of-2936	9 003	LO CERTIFICA	TE OF DEATH	reg. No. 69	5518
I. NAME O	OF DECEASED			2. DATE A	ND HOUR OF DEATH	
(Type or Pri	Neary, Bar	rhara	Δ.		y 29th, 1969	1 11:08 Am
3. PLACE	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			4. USUAL RESIDENCE (Where daceosed lived, If institution; residence balora admission)		
	The same of the sa			A. STATE B. COU	NTY	A F
FULL NAN	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Saint Agnes Hospital			Maryland		25-91
INSTITUTIO				C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS? YES NO		
7						
40	Caton & Wilker	ns Aves.	21229	E. STREET AND NUMBER		
1/	61667			616 Lucia Ave. 21229		
5. SEX	6- RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years II U	nder 1 Yr. II Under 24 Hrs. hs: Doys Hours Min.
Fer	male White	WIDOWED	DIVORCED	2-13-1968	lost birthday) Months Mont	hs Doys Hours Min.
IOA. USUAL	OCCUPATION (Give kind of world	108 KIND OF				TITIZEN OF WHAT COUNTRY?
done during	most of working life, even if retired)					
				Mary]		U.S.A.
13. FATHER	'S NAME			14. MOTHER'S MAIDEN NA	AME	
	John C. Near	У		Dolores H	R. Williams	
5. Was De	ceosed Ever in U. S. Armed Far nknown) (If yes, give war or dote	,	1 6. SOCIAL	17. INFORMANT	HITTIGHE	ADDRESS
Tas, no ar u	nknown) (If yes, give war or data	s of service)	SECURITY NO.			
					eary, 616 Lucia	Ave. 21229
18.	36.11		CAUSE OF DEATH			APPROXIMATE INTERVAL
1	DISEASE OR CONDITION DI	RECTLY		AA .		C)
400	LEADING TO DEATH		(A)IMMEDIATE CAU	SE // Chingo	o Cemil	0 hrs
heart f	does not mean the mode of ailure, asthenia, etc. Il means	the disease.	DUE TO, OR AS	CONSEQUENCE OF		
	ar complication which caused					
	ANTECEDENT CAUSES					
DISEA	SES OR CONDITIONS, if	anv. divina	(B)DUE TO, OR AS	A CONSEQUENCE OF:		
rise 1	la the above cause (A)	stating the				
UNDE	RLYING CONDITION last.		(C)		******************	
_	11					
O OTHER	SIGNIFICANT CONDITIONS CO	NTRIBUTING				
< DISEAS	DEATH BUT NOT RELATED TO THE OR CONDITION GIVEN IN PAR		***********************		*******************************	
는 19A. DA		DITION FOR W	VHICH OPERATION	20A. AUTOPSY Was at N	IN CERTIFYING CAUSES O	GS CONSIDERED
C ERTE				110	CERTIFING CAUSES O	r DEAIN!
O 121A. A	CCIDENT WAS UNDERLYING THE	21 B.	PLACE OF INJURY (a.g., in	or about 21C. WHERE DID	(If In Baltimara City,	give exact location)
▼ DEATH	(natify medical examiner)	elc	e, rom, raciory, sireet, on	ica biogo indokt OCCOR?		
Q 21 D. TIA		(Hour) 21E	INJURY OCCURRED	21F. HOW DID IN	ILLRY OCCUP?	
S OF INJ	URY		ie At Mot While		JORT OCCUR:	
(APPRO	X.)	War		니 .		
22. l c	ertify that (1) (this hospital) attended th	e deceased frame	29 May	19 65 to 24,	May 19 62
1.) (we) last saw the decease		1 / /1/!	19 <u>69</u> and t	hat in (my) (aur) apinian d	
			/		•	accoura ou the data
	ONATURE	en and ve. (1)	((me) (ala not) V	ew the bady after death.		ATT CONTEN
200,310	Col L	9./-	// Mars law	ding - Med		ATE SIGNED
	Joh Il.	Neug	DEGREE Phys.		Staff Phys.	9 May 1967
23C.PH	YSICIAN'S	1		3D. ADDRESS		
		John We	agley M.D.	St. Agnes Hosp	ital, Wilkens &	Caton Avenues
24A. BURIA	L CREMATION, 24B. DATE	24C. NA	ME of CEMETERY OF CRE			or county) (State)
REMO	VAL (Specify)					
Buria	5-31-19		n Haven Cemet		enBurnie, Anne	
ZOA. DATE	REC'D BY HEALTH DEPT.	258. NAME O		25C. FUNERAL DIRECTO		ADDRESS
	JUN 2 1969	war was	E. Jabel M.D.	Howard H. Hub	bard , 4107 Wil	kens Ave. 21229
VS 150-REV						

alongs and section by a contract of the first terms of The second of th

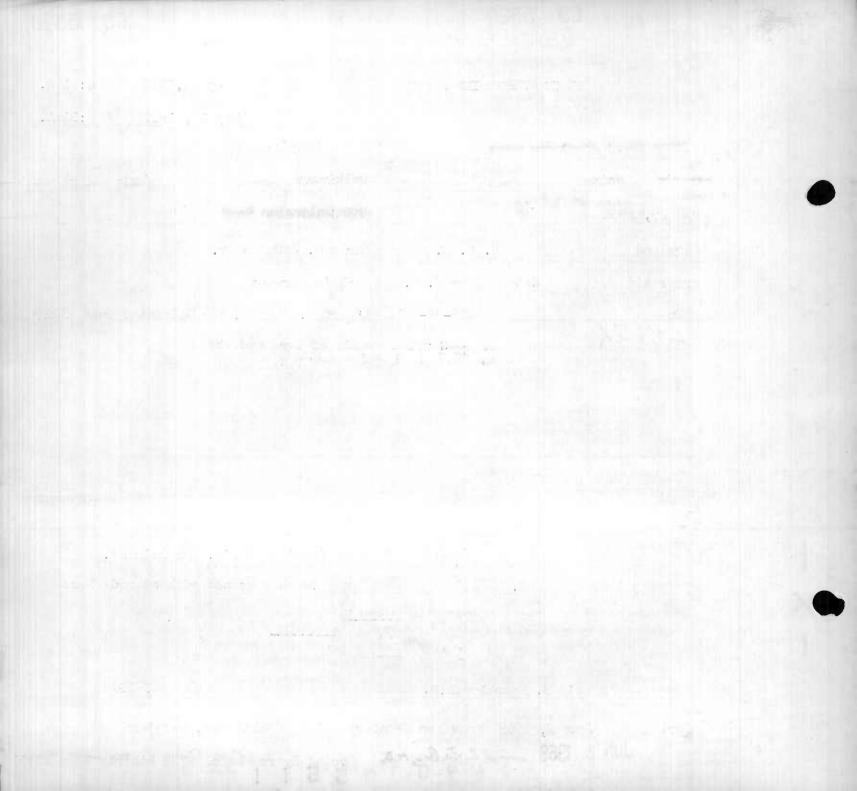


69 5520 BALTIMORE CITY HEALTH DEPARTMENT

69 5520

	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH.
--	---------	------------	-------------	----	--------

BIRTH NO.	KEO, IVO.
NAME OF DECEASED	2. DATE Known Month Day Year Hour
(ype or Print) ELSIE JOSEPHINE JOHNSON	OF DEATH Estimoted May 28,1969 6:31 A. M.
. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD May 28, 1969 6:31 A. M.
IOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived, if institution: residence before odmission)
3900 Block Chesholm Road	A. STATE Maryland D. B. COUNTY
	Dd 170 . C.O.
MAKKIED LINEVER MAKKIED	P-14:
Female White WIDOWED DIVORCED	YES E NO
June 29, 1952 10. AGE (In years H Under 1 Yr. If Under 24 Hrs. June 29, 1952	
	606 Coleraine Road
1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Maryland U. S. A.	Early H. Johnson Sr.
4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME
one during most of working life, even if retired)	T22 - 2 - N
Nurses Aid Caton Ridge N. H. 6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	Elsie Norwood 18. INFORMANT ADDRESS
(es, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	
No 218-58-3732	
19. CAUSE OF DEA	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Gunshot	wounds of head and chest
LEADING TO DEATH	CAUSE
	AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	AS A CONSEQUENCE OF:
KISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF.
UNDERLYING CONDITION LAST. (C)	10000000000000000000000000000000000000
(0)	
◆ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
O THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	/AS PERFORMED 21. AUTOPSY? (Yes or No)
	yes
₹ 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g.	, in or obout 22C. WHERE DID (If in Boltimore City, give exact location)
UNDERLYING OR CONTRIB- home, form, foctory, street, offi	ce bldg., etc.) INJURY OCCUR?
☐ UTING ☐ CAUSE OF DEATH. Wooded area	2 double of the party of the pa
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY	22F. HOW DID INJURY OCCUR?
(ADDROV) TO TO TO THE AT THE NO	WORK Gunshot wounds of head and chest
23.	
I certify that I held on Inquiry Inspection A	utopsy 🛮 ond that on this bosis, death in my opinion
resulted fram Natural causes Accident Suici	de Hamicide X Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL / / Red 11/	DATE SIGNED
SIGNATURE MORE M.	D. ASSISTANT MEDICAL EXAMINER X
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 5/29/69
NAME (Type) Ronald N. Kornblum, M.D.	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (State)
	etery Baltimore, Maryland
Burial June 2, 1969 Woodlawn Cem	25C. FUNERAL DIRECTOR ADDRESS
JUN 2 1969 wwer E. Farber M. 2	
ما المال المالية المال	Loring Byers Chapel 8728 Liberty Road 2113



BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT DIRECTOR:

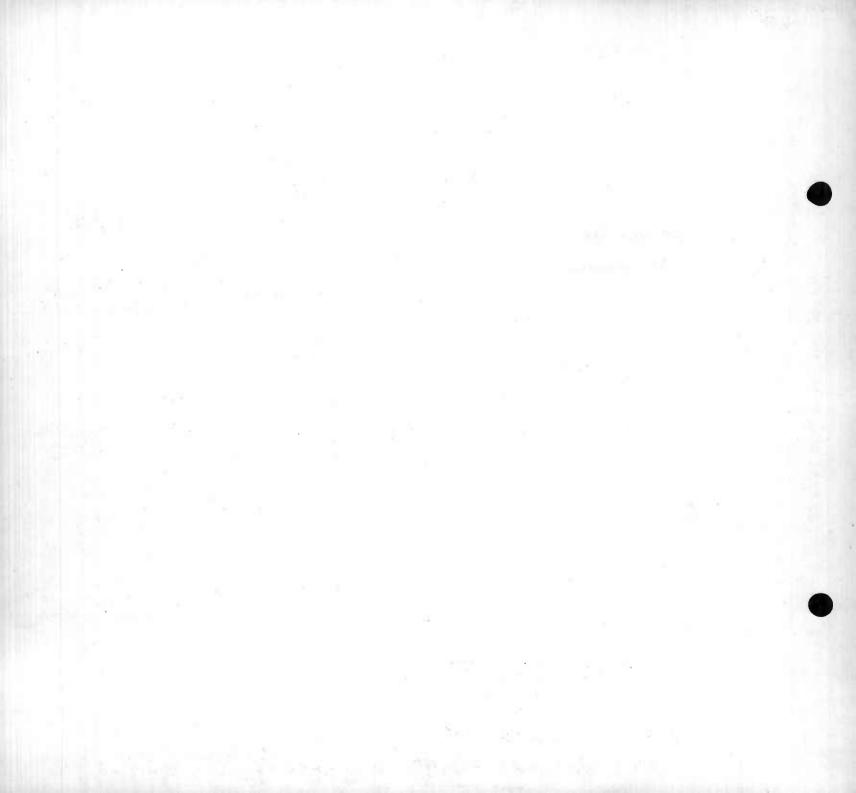
VS 150-REV, 1/1/68

ADDRESS *edelle* APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact lacollan) ond that in(my) (aur) opinion death accurred on the date 23 B. DATE SIGNED (City, tawn, or county

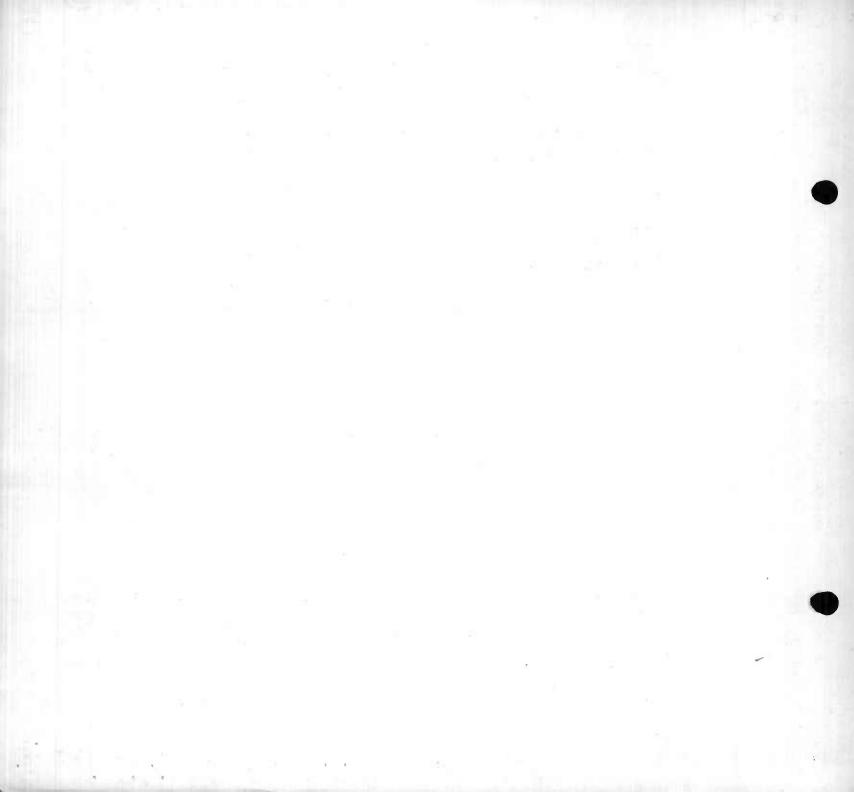
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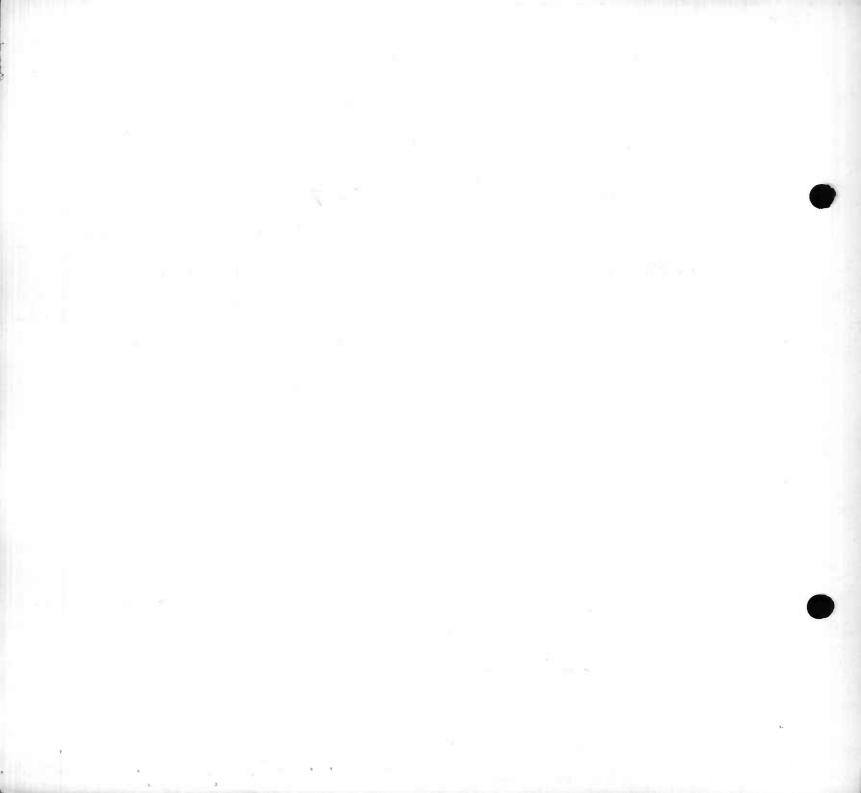
Hours

If Under 24 Hrs.

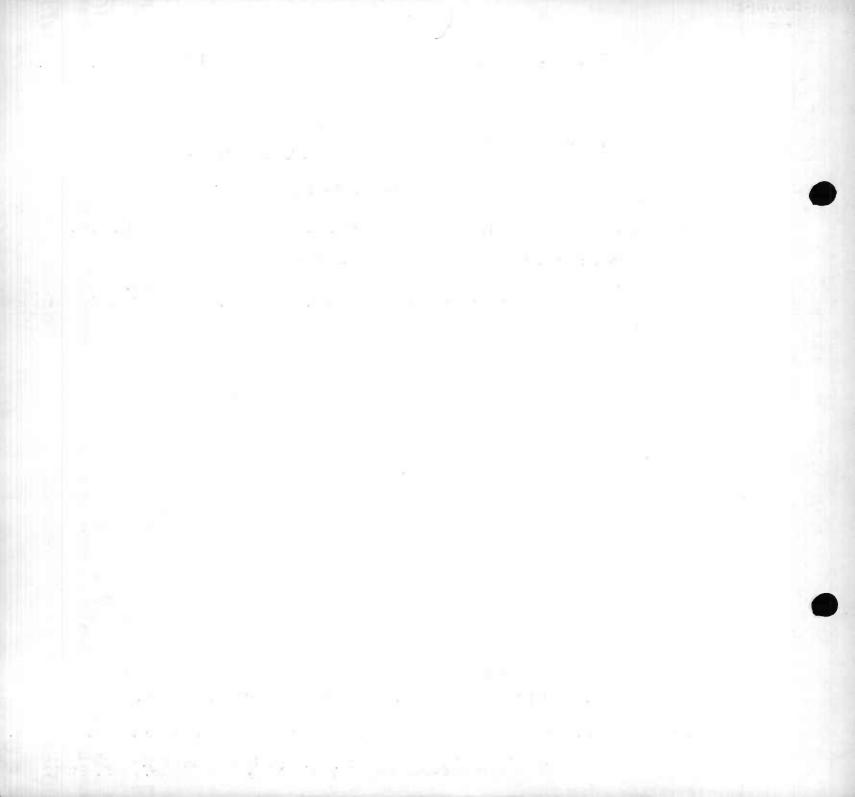


	BALTIMORE CITY HEALTH DEPARTMENT
BIRTH NO.	5522 CERTIFICATE OF DEATH REG. No. 69 5522
1. NAME OF DEGESED (Type or Print) DEMENTS,	KATHERINE 1. 2. DATE AND HOUR OF DEATH FOROUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before obvission)
FULL NAME OF HOSPITAL OR II ADDRESS OR LOCATION) HUSPITULION HILLOREST NOT IN HOSPITAL OR II ADDRESS OR LOCATION) HILLOREST NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	A. STATE 8. COUNTY
	OWED DIVORCED
done during most of working life, even it retired)	WN HOME Md (COSA)
John HIGGINS	Mary D. ?
(If yes, give war ar dates of sen	16. SOCIAL SECURITY NO. 17. INFORMANT SECURITY NO. 17. INFORMANT SECURITY NO. 17. INFORMANT Balto Md
DISEASES OR CONDITIONS, if any, g rise to the abave cause (A) sloting UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERM! DISEASE OR CONDITION GIVEN IN PART 1 (A).	(c)
	FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bidg., INJURY OCCUR? etc.) (If in Boltimore City, give exact location)
Q 21D.TIME (Month) (Doy) (Yeor) (Hour) (A PPROX.)	21E. INJURY OCCURRED White At Work Not White At Work
22. I certify that (I) (**his-hospitat*) attended that (I) (**we*) Tast saw the deceosed olive	e on V- 27 19 49 and that in (my) (our) opinion death accurred an the do
23A. SIGNATURE 23C. PHYSICIANS	Ove. (1) (We) (did not) view the body after death. Color Attending Med. Staff Director Phys. 23B. DATE SIGNED 123D. ADDRESS 23D. ADDRESS
NAME (Type) POPTE MATE 1248. BURIAL CREMATION, 1248. DATE 124	24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 6/2/69	Loudon Park Baltimore Md.
VS 150-REV. 1/1/6B JUN 2 1959 12	- A . A H.W Janking & Sone Co LOOK Vonte Da





4 5524		69 5524				
CERTIFICA	ATE OF DEATH					
. Coston	2. DATE AND HOUR OF DEATH May 28, 1969	11:30 P				
WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If	institution: residence before admission				
PITAL OR INSTITUTION, GIVE STREET	Maryland	27-14				
	C. CITY OR TOWN Baltimore	SIDE CITY LIMITS? YES NO				
rsity Parkway	922 W. University Park	way				
7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost bighday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
Own Home		U.S.A.				
	14. MOTHER'S MAIDEN NAME					
Souder	Jane Frazier					
Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT	Apt. 2004ESS				
215-18-6108	Mrs. Robert B. Recto	r 922 University F				
B. LAS S APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
DIRECTLY	Paris	- down				
(A) IMMEDIATE CA		3 days				
ns the diseose,	A CONSEQUENCE OF:					
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the						
						e to the obove cause (A) stoling the NDERLYING CONDITION last. (C)
ONTRIBUTING OTHE TERMINAL	Sch CV disease	10 yrs				
ONDITION FOR WHICH OPERATION ERFORMED	20A. AUTORSY? (Yes or No.) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?				
21B. PLACE OF INJURY (e.g., home, farm, foctory, street, o	in or obout 21C. WHERE DID (If In Boltimo	ore City, give exoct locotion)				
(Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
While At Not Whi	le 🖂 💮	,				
Work At Work	- //	1/28 19				
7-1-	C / 16 '	D/20 196/				
sed olive on 5		inion deoth accurred on the d				
toted above (I) (We) (did (did not)	view the body ofter death.					
iored opover (i) (we) (did fala iloi)		/				
7 0 1 0 m	ending Med. Staff	23B. DATE SIGNED / 29/19				
7 0 1 0 m	ending Med. Staff	3B. DATE SIGNED / 3 / 29/19				
7 0 1 0 m	ending Med. Shaff Director Phys.	5/29/19				
Fildmay DEGREE Phy urice Feldman, Jr.	Med. Staff phys. Director Phys. D 23D. ADDRESS 6610 Cross Country B	5/29/19				
Fildmarposone Phy urice Feldman, Jr.	Med. Shoff Director Phys. 23D. ADDRESS 6610 Cross Country B EMATORY 24D. LOCATION (C	3/29/19 lvd. Sity, town, or county) (State)				
PO CH OF E	CERTIFICA COSTON WHERE PRONOUNCED DEAD PATAL OR INSTITUTION, GIVE STREET CATION) PATAL OR INSTITUTION, GIVE STREET PATAL OR INSTITUTION, GIVE STREET	CERTIFICATE OF DEATH COSTON WHERE PRONOUNCED DEAD WHERE PRONOUNCED DEAD WHERE PRONOUNCED DEAD ASTATE B. COUNTY MANY 28, 1969 D. IN Baltimore E. STREET AND NUMBER 92 W. University Park ONLY 108, KIND OF BUSINESS OR INDUSTRY WIDOWED DIVORCED** TOTO 108, KIND OF BUSINESS OR INDUSTRY DOWN HOME SOUDE 14. MOTHER'S MAIDEN NAME Jane Frazier ONLY 17. INFORMANT SECURITY NO. 215-18-6108 A Mrs. Robert B. Recto CAUSE OF DEATH DIRECTLY H Of dying, e.g., 18 the discose, and death, 20 JULE TO, OR AS A CONSEQUENCE OF: BOTH TO THE TERMINAL ART 1 (A). ART 1 (A). ONTRIBUTING THE TERMINAL ART 1 (A). ART 1 (A). PUBLICA, OR AS A CONSEQUENCE OF: 10 JULE TO, OR AS A CONSEQUENCE OF: 10 JULE TO, OR AS A CONSEQUENCE OF: 11 JULE TO, OR AS A CONSEQUENCE OF: 12 JE, PLACE OF INJURY (e.g., in or obout 21c. WHERE DID home, form, foctory, street, office bidg., injury occurry MILLIANT 1 (A). 11 JULY OCCURRED While AI Work AI Work 12 JE, INJURY OCCURRED While AI Work AI Work 19 JOHN THE TERMINAL AI Work OIL OTHER DID INJURY OCCURRED While AI Work AI Work 19 JOHN THE TERMINAL AI Work While AI Work AI Work OIL OTHER DID INJURY OCCURRED While AI Work AI Work OIL OTHER DID INJURY OCCURRED While AI Work OIL OTHER DID INJURY OCCURRED OIL OTHER DI				



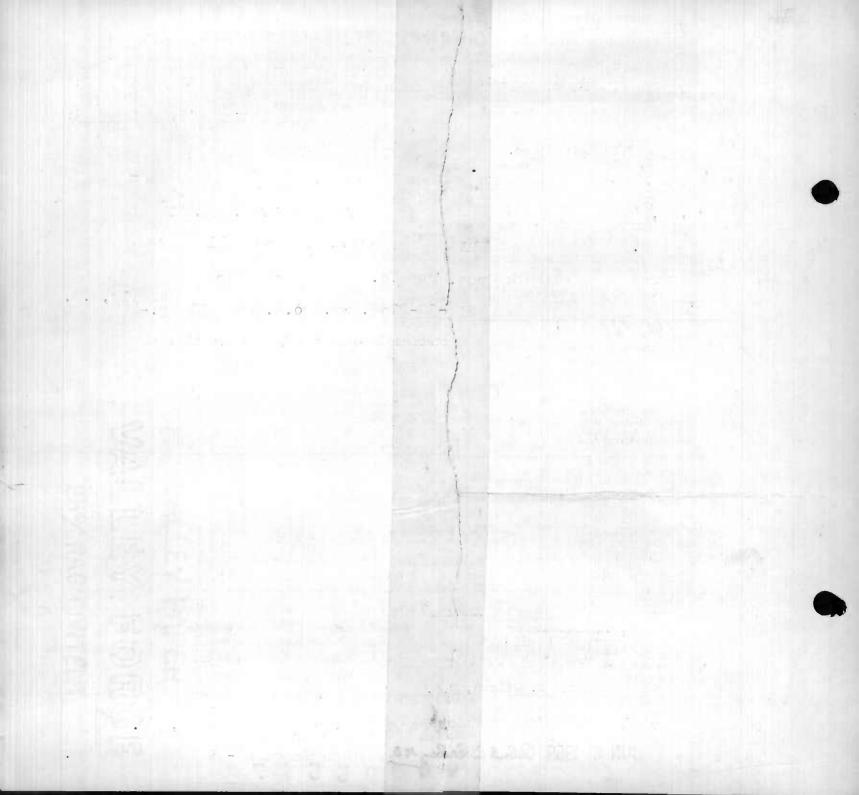


5-530

VS 151-REV. 1/1/6B

5526 BALTIMORE CITY HEALTH DEPARTMENT

	MF	DICAL F		INER'S		CATE OF	DEAT	н6	9 5	520
BIRTH NO.	77122							REG. NO		
(Type or Print)			2. DATE OF	Known XX	Month	Day	Yeor 69	Hour 1 - 0 E		
- DI AGE INI DAI	MILDRED C.	SCHMID	T	DEAD	DEATH 3. DATE	Estimored .	5 Month	27 Doy	Yeor	1:25 рм.
	TIMORE, MARYLAND, V					NCED DEAD	Month			
HOSPITAL	(IF NOT IN HOSPIT, ADDRESS OR LOCA		ION, GIV	JIKEET	a Dichar D	CIDENICE ALL	May	27,	1969	1:25 pm.
OR INSTITUTION					A. STATE	SIDENCE (When		ed. It institution	on: residence l	perore odmission)
00	3939 Roland	Ave.				Maryland				3-07
6. SEX	7. RACE	8. MARRIED	NEVER	MARRIED -	C. CITY OR	TOWN		D. INSIDE	ITY LIMITS?	
Fema1e	White	WIDOWED		DIVORCED -	Balt	0.		,	res 🖾	NO O
9. DATE OF BIRTI		1		Hours Min.	E. STREET A	ND NUMBER				
Apr. 12,	1898 lost birthdo	71	iths: Doys	I min	3939	Roland A	Ave. Ap	t. 318		
	State or foreign country)	12.	CITIZEN	F	13. FATHER		-			
Mo	7		WHATCO	UNTRY?	Archi	bald Ma:	rshall			
	PATION (Give kind of work		ULIT	1	15. MOTHER					
done during most of w	working life, even itretired)					sie Sch				
	ED EVER IN U.S. ARMEI		117 500	TIAL	18. INFORM		np ret.	- m	DDRESS	70 TO
(Yes, no or unknown)	(If yes, give wor or dates	of service)	SECI	URITY NO.	QQ M-	T. 3 T 1	N/1 7 7	Te	DDRESS	M.J.
No				-30-27 AUSE OF DEA		.Jnd.L.	marsha	II or		VALDUT AT
19. 4/6	2.4		1					1.	BETW	EEN ONSET AND DEATH
	E OR CONDITION DIRE	CTLY				cardiosa	ascular	diseas	se	
	LEADING TO DEATH of mean the mode of dy	vina e a	1	(A) IMMEDIATE C	AUSE AS A CONSEQ	LIENCE OF:				
heort foilure	o, osthenio, etc. It meons the mplication which coused de	e diseose,	1	302 10, 01	AS A CONSEQ	DENGE OF			(H)	
1A	NTECEDENT CAUSES			B)			****			
DISEASES	OR CONDITIONS, IF AN'	Y, GIVING		DUE TO, OR	AS A CONSEC	QUENCE OF:			250	
UNDERLYIN	NG CONDITION LAST.	IING INE		(C)					- 25	
<u>Ó</u>			7							
	II VIFICANT CONDITIONS C									
DISEASE OR	ATH BUT NOT RELATED TO CONDITION GIVEN IN P		1							
20A. DATE OF	F OPERATION 208. CO	NDITION FOR	WHICH	OPERATION W	AS PERFORM	ED			21. AUTC	PSY? (Yes or No)
0			1						n	.0
UNDERLYING	NAL CAUSE WAS GOOTRIB-	22B. hom	PLACE O	F INJURY (e.g., ctory, street, office	in or obout 2 te bldg., etc.)	2C. WHERE DID NJURY OCCUR?	(If in Boltimor	e City, glve e	xoct locotion)	
	(Month) (Doy) (Yea	r) (Hour)	22E. 1NJ UR	Y OCCURRED	2	2F. HOW DID IN	NJURY OCCL	JR?		
OF INJURY (APPROX.)			WHILE A'S		WHILE					
23.		п.	WORK [AI V	VORK [
	tify that I held on	Inquiry 🔲	Inspec	tion XX. Au	topsy	ond that on	this bosis,	deoth in m	y opinion	
	ted from: Natural ca		Accident	Suici	de 🗍 Ho	micide	Undetermi	ned monner		
1630.	1	JI	1			HIEF MEDICAL				
ACTUAL	Jed 1	TIN	1,15			STANT MEDICAL		₽ √		DATE SIGNED
SIGNAT		V .	1111	M.E).					
NAME (IER'S Edward	F. Wils	on. M	n	ASSC	CIATE MEDICAL	EXAMINER	7	lav 28.	1969
24A. BURIAL CRE				of CEMETERY	or CREMATO	ORY 24D	LOCATION		vn, or county	
REMOVAL (Spec	cify)	160		70	01		7 1 1			
Bur				n Park			<u>Baltim</u>	ore,	ADDRESS	
25A. DATE REC'D	BY HEALTH DEPT.	25B. NAM	-			UNERAL DIREC		0-0-	ADDRESS	
	JUN 2 1969	Vabers	حر الإما	Ber K. B.	An	n Donova	an - 3	818 R	oland	Ave.



The Henry has a simple to

6-10-67 M

IMPORTANT

FUNERAL DIRECTOR:

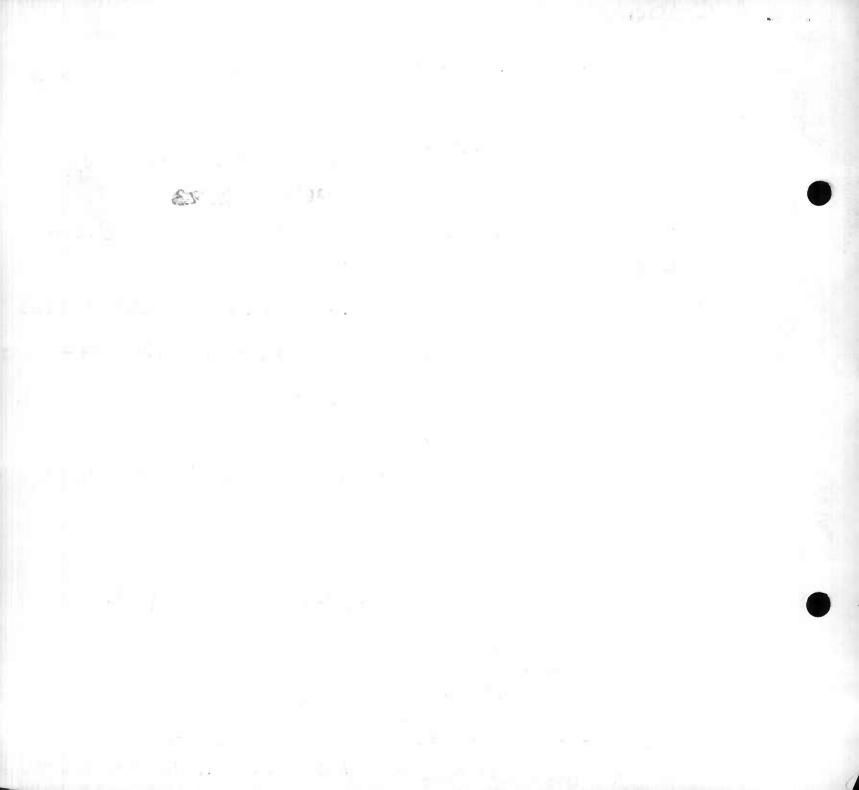
69 5528 BALTIMORE CIT	Y HEALTH DEPARTMENT	
BIRTH NO. 1. NAME OF DECEASED	ATE OF DEATH REG. NO.	9 5528
(Type or Print) Tolk or T	2. DATE AND HOUR OF DEATH	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4 USUAL RESIDENCE (Where deceased lived, Il institution	196
	A. STATE B. COUNTY	n: residence before odmissio
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	My Balt	15-13
NSTITUTION	C. CITY OR TOWN D. INSIDE CIT	
1840 1 1 1 1	Baltinare YES	
Maryland General Hospital	16. STREET AND NUMBER 1634 Reisters town	W
6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If U. lost birthdgy) Mont	nder 1 Yr. If Under 24 H
Male White WIDOWED DIVORCED	1 1 29 1 11 5 7	hs Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY lone during most of working life, even if relired)	11. BIRTHPLACE (State er foreign country) 12. C	TIZEN OF WHAT COUNT
Paintet Home Improvement Bus	MS	1100
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	U 5:A
Benjamin Rider	Avimenta De Have	29
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO SECOND NO.	Sarah Verider - 4634 Reiste	rstown Road
18. CAUSE OF DEAT	H	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY PUMO	NARY EDENTA	BETWEEN ONSET AND DEA
LEADING TO DEATH	Cut D / Til	Walson
fThis does not mean the mode of dying, e.g., heart foilure, asthenia, etc. it means the disease,	A CONSEQUENCE OF:	10 vays
injury ar camplication which caused death.	Co Rection	
ANTECEDENT CAUSES CATCO	NOMA O REGUN	1 4RS
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	A CONSEQUENCE OF:	
rise to the abave cause (A) stating the		
UNDERLYING CONDITION lost (C)	***************************************	***
Z AVUER SIGNUS	43	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Bleedina	
DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION		
= 14/2 · U/2 2 WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDING IN CERTIFYING CAUSES O	S CONSIDERED
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i	5. 4el 981	
OR CONTRIBUTING CAUSE OF home, form, foctory, street, all the cause of	n or obout 21 C. WHERE DID (If In Boldmore City, grant bidg., INJURY OCCUR?	give exoct locotion)
21D.TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.) While At Not While At Work		
22. I certify that (I) (this hospital) attended the deceased from		13
	11/1 19 6 9 to 5	129 1969
that (I) (we) lost saw the deceased alive on 5/28	19 9 and that in (my) (our) apinion de	oath accurred an the da
and hour and fram the causes stated above. (1) (We) (did) (did nat) v	lew the bady after death.	
23A. SIGNATURE		ATE SIGNED
After Phys	nding Med. Stoff G	29/11
22C BUYELCI A PRO	23D. ADDRESS	// - /
4A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CRE	MATORY 24D. LOCATION (City, town,	A couple future 10
REMOVAL (Specify)		or county) (Stote)
Burial 6-2-69 Lakeview Cemete		
SA. DATE REC'D JUNALTH DYGG 255 NAME OF REGISTION ALD	25C. FUNERAL DIRECTOR	ADDRESS
	Armaçost Funeral Chapel-46	000 Liberty H
S 150-REV, 1/1/68		

NO

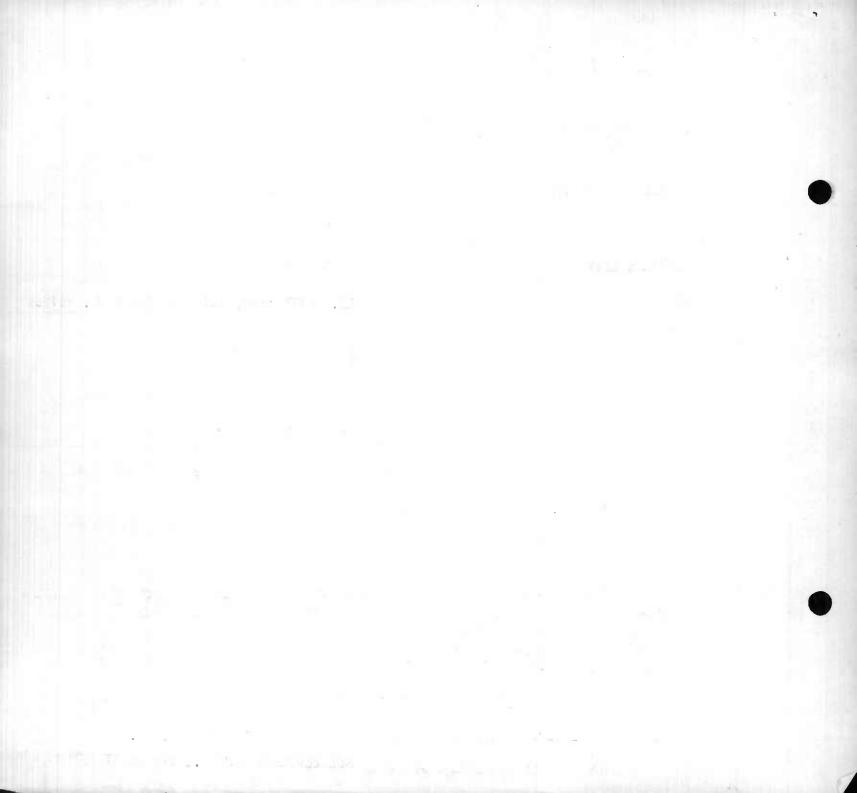
Sarah V. Rider - 4634 Reisterstown Road

the engineer of the same and the same are

		BALTIMOKE CITY HEALTH DEPARTA					
	s the copy of the	BIRTH NO. 69 5529 CERTIFICATE OF DEA	TH REG. NO. 69 5529				
	deat deat ease n th	1. NAME OF DECEASED (Type or Print) SAMUEL P. COHEN 2.1	DATE AND HOUR OF DEATH				
a hospital	0 0 -		S 28 69 M				
	hospi ise o (5) D ance deat	FULL NAME OF (IF NOT IN HOSPITAL OF INSTITUTION CIVE STREET	o. COUNTI				
	a h caus se; (nda to c	HOSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARY LA	D. INSIDE CITY LIMITS?				
	2 0 2 0	BALTIA	10RE YES NO				
	D.= T = 5 6		Saddleback Rd				
	ontributer ontributer ontributer on tributer regular regular is made	MARRIED NIEVER MARRIED 18. DATE OF BIRTH	9. AGE (In years If Under 1 Yr. II Under 24 Hrs. Months: Days Haurs: Min.				
	上った」って	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stol	to or fareign countryl 12. CITIZEN OF WHAT COUNTRY				
	or nd nd de	WHOLESALE MERCHANT Rus	Dia U, S.A				
	rect (4) U (4) U was the isposi	13. FATHER'S NAME					
Z	C = 1, 5 E 7		?				
4	E 0 0 0	(Yes, no or unknown) (If yes, give war or dates of service)	ADDRESS				
ORT	t the the design of the design	NU MRS. ANNE					
IPO	his a so, if any nced endo	DISEASE OF COMPLETON PROPERTY.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
W	Also e of noun atte	LEADING TO DEATH	diac Crest 25 mm				
ä	er. ctur ar bal	heart tailute, asthenia, etc. Il means the disease.					
TOR	fra o go	ANTECEDENT CAUSES A SC V	D 2 year				
ECT	×an ×an wh wh	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF	1				
DIRE	_ 0 C c.5 %	UNDERLYING CONDITION lost. (C)					
`	edical dical Jrns; ysicia was main	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	0. 1. 0.				
ERA.	med med ly bu phy rian	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)	sund Hemaning I week				
UNER	chic Bod the the tysic	WAS PERFORMED NO	es or No. 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
II.	tal by the ser (2) here Lo ph befor	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE hame, larm, foctory, street, affice bldg., INJURY OC etc.)	CUR? (If in Ballimore City, give exact location)				
	00 - 3 -	Q 21D. TIME (Month) (Day (Year) (Hour) 21E INITIES OCCUPAND	DID INJURY OCCURY				
	he hosp the		NOOK! OCCOR!				
	the iny and and obto		19- to 5/28/69 19				
	000	that (tk(we) last saw the deceased alive an 5246 19 and that in(mx) (aur) apinion death accurred on the date					
	sased to dent of ospital death); must be		death.				
	2 0	Attending [7] Med	23 B. DATE SIGNED				
	0 - 0 ->	DEGREE Phys. Director	Shaff Phys.				
,	DE A	ERIC JURITZ	INAI HOSPITAL				
	P COPE	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY	24D. LOCATION (City, town, or county) (State)				
	This cert the body shows: (was D.O decease written	BURTAL 5-29-69 SHAARET ZION 25A. DATE REC'D BY HEALTH DEPT. 125B. NAME OF REGISTRAR 125C. FUNERAL DI	ROSEDALE, MARYLAND				
	This the bashow was dece	1110 2 1969 State Fally MB. SOL IEVIN	RECTOR SON & BROS.,6010 REISTERSTOWN ROAD				
	,	VS 150-REV. 1/1/68 UN & 1999 Janes C., 1000-100 C.					



The second second



12 15 7

DIRECTOR:

FUNERAL

proved





No

ADDRESS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(Stote)

Md.

Balto.

If Under 24 Hrs.

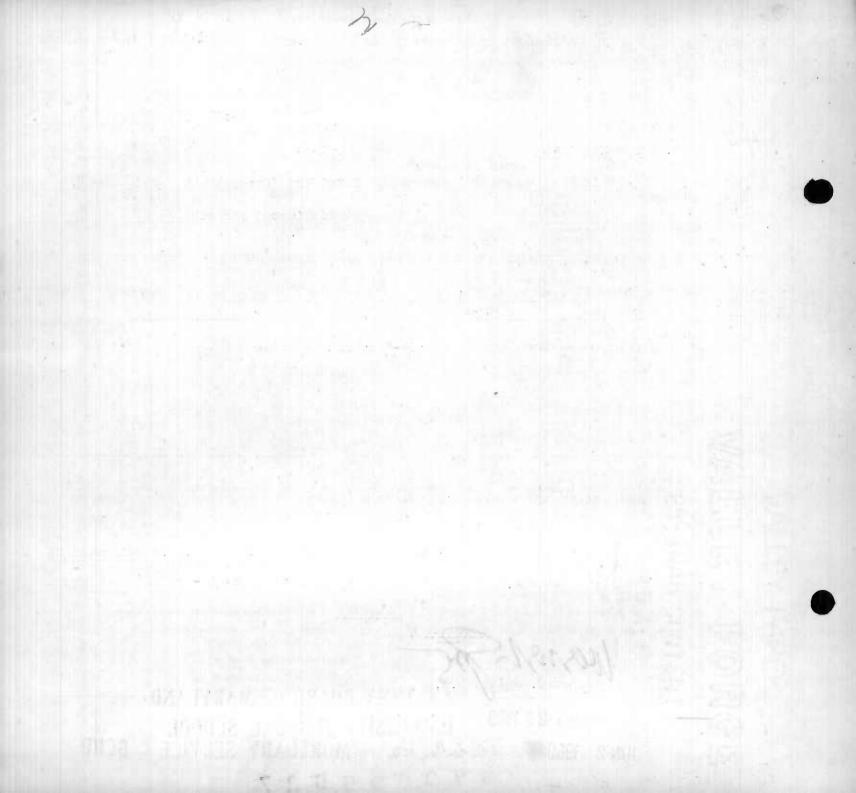


B-220

69 0006 BALTIMORE CITY HEA		00 5500						
MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO.	69 5536						
I. NAME OF DECEASED		V Tie						
(Type or Print)	OF _	Yeor Hour						
JOSE BASQUES 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted	Yeor Hour						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD							
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION		969 8:30 A.						
OK HYSHIOHON	5. USUAL RESIDENCE (Where deceased lived. If institution: n A. STATE B. SOUNTY	esidence before odmission)						
St. Agnes Hospital	Maryland Jaket	6 1939						
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	LIMITS?						
male white widowed □ DIVORCED □	KXXXXXXXX (Easton) YES	□ NO I						
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER							
lost birthdoy) Months, Doys, Hours, Min.	32 Washington Street							
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME							
WHAT COUNTRY?								
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME							
done during most of working life, even (frelired)	live s							
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)((If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	IB. INFORMANT ADD	DRESS						
(tes, no or of minor my fit yes, give wor or doles or solvice)	6							
19. CAUSE OF DEAT	rH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT						
DISEASE OR CONDITION DIRECTLY Cranio-Co	erebral Injuries	DETWEEN ONSET AND DEAT						
LEADING TO DEATH	-							
(This does not mean the mode of dying, e.g., DUFTO OR A	(This does not meen the mode of dying, e.g., (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:							
heort foilure, osthenio, etc. It means the disease, injury or complication which coused death.)								
DISEASES OR CONDITIONS, IF ANY, GIVING (B) DUE TO, OR A	AS A CONSEQUENCE OF:							
RISE TO THE ABOVE CAUSE (A) STATING THE								
UNDERLYING CONDITION LAST. (C)								
OF TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL								
DISEASE OR CONDITION GIVEN IN PART 1 (A).								
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED	21. AUTOPSY? (Yes or No)						
		Yes						
22A. EXTERNAL CAUSE WAS UNDERLYING GOR CONTRIB- UTING CAUSE OF DEATH. 22B. PLACE OF INJURY(e.g., home, form, foctory, street, office street	in or obout 22C. WHERE DID (If in Boltimore City, give exoct bldg., etc.) INJURY OCCUR?	locotion)						
UTING CAUSE OF DEATH. Street	Beltway & 300 ft. N.of	alternate US #:						
2 22D TIME (Month) (Day) (Year) (Hour) 22E INITIBY OCCUPRED	22F. HOWDID INJURY OCCUR? Driver	of car - went						
OF INJURY (APPROX.) 4/27/69 4:40 A. m. WHILE AT NOT AT W	white X out of control - struck	k a parked car						
23.								
I certify that I held an Inquiry Inspection Au	topsy 🛚 and that an this basis, death in my o	pinion						
resulted fram: Natural causes Aceident X Suicid	e Hamicide Undetermined manner							
1.00167	CHIEF MEDICAL EXAMINER							
ACTUAL MANAGEMENT	ASSISTANT MEDICAL EXAMINER	DATE SIGNED						
SIGNATURE M.D	ASSOCIATE MEDICAL EXAMINER	4/28/69						
NAME (Type) Werner U. Spitz, M.B.	V DO I DO OF 14 DATE AND	1/20/07						
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CAMETER	FEREMANDAY NO WID. WEATON LIAN Un.	or county) (State)						
REMOVAL (Specify) MAY 2.9 1969 HINLYCO	CITY MEDICAL COMOC!							
UNIVERS	SILY MEDIUAL SCHOOL	DDECC						
25A. DATE REC'D BY HEALTH DEPT. 25B: NAME OF REGISTRAR LIN 2 1969 Liber E. Jahr M.D.	MORTTARY SERVICE ADV	RCHD						
JUN 2 1969 Haber E. Jaber, M.D.	MUNICANI SERVICE -	DAIL						

VS 151-REV. 1/1/68

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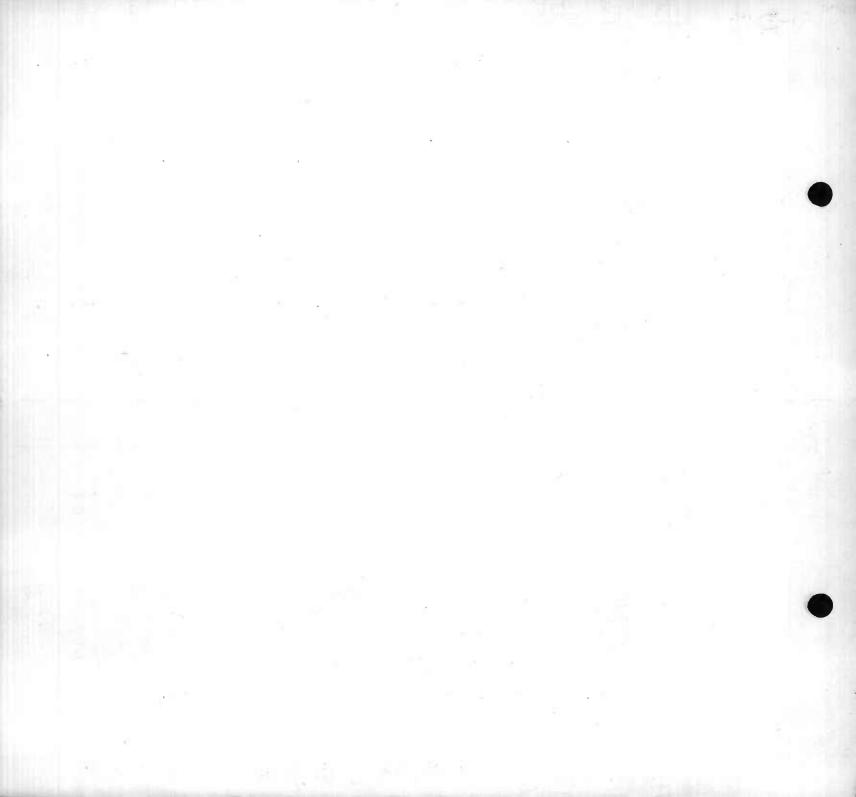


VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

A.S. C. K. D.

BIRTH NO.			CERTIFICA			REG.		69	5538
NAME OF DEC	EASED		CLKTITICA			ND HOUR OF	DEATH		
Type or Print)	MARY CA	THER	INE JACOBS			y 25,			7:15 a.
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INS	NOUNCED DEAD	A. STATE	B. COU.	NTY	ived. II ins	titution: resi	dence before odmis
HOSPITAL OR	14	A IION)		C. CITY OR TOW				E CITY LIM	ITS?
00	XXX N. Hi	ghla	nd Ave.	Balti E. STREET AND 14 N	NUMBER	hland A		YES X	NO 📙
5. SEX	6. RACE	7- MARRI	ED NEVER MARRIED	B. DATE OF BIRT		9. AGE (In ye		If Under 1	
female	white	WIDOW		12/7/81	L	tost birthdoy)		Months D	oys Hours M
	JPATION (Give kind of work working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or for	eign country)		12. CITIZEI	N OF WHAT COU
Housew:	ife	a.	t home	Pe	enna.				
3. FATHER'S NA	ΛE			14. MOTHER'S A	AAIDEN NA	ME			
		Pla	an k		unkn	own			
S. Was Deceased Yes, no or unknown)	Ever in U. S. Armed For- (If yes, give wor or dote	s of servic	16. SOCIAL SECURITY NO. 214-40-6301FZ	17. INFORMANT	artin	Huebse	chman	á	above nd-dght.
1B. ///	2.44		CAUSE OF DEAT	H					APPROXIMATE INTERVIWEEN ONSET AND E
DISEASES C	ANTECEDENT CAUSES OR CONDITIONS, if obave couse (A)	ony, giv		A CONSEQUENCE	OF:				
DISEASES OF THE PROPERTY OF TH	PR CONDITIONS, if obave couse (A) CONDITION lost.	ony, giving stoting	(C)G	A CONSEQUENCE	OF:				
DISEASES OF THE PROPERTY OF TH	PR CONDITIONS, if sobave couse (A) G CONDITION lost.	ony, given stoting NTRIBUTINHE TERMINIT 1 (A).	(C)G			10) 208. IF YES	5, WERE FI	INDINGS C	ONSIDERED ATH?
DISEASES OF THE PROPERTY OF THE PROPERTY OF THE DEAT OF THE DEAT OF THE DEAT OF THE PROPERTY O	R CONDITIONS, if obave couse (A) CONDITION lost. II ICANT CONDITIONS COUNTY CONDITION GIVEN IN PAR OPERATION 198. CON	ony, givistoting NTRIBUTIN HE TERMIN RT 1 (A). IDITION FO	(C)G	20 A. AUTOPSI NO	? (Yes or N	IN CERTIFY	TING CAU	SES OF DE	ONSIDERED ATH?
OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF OR CONTRIBU	PR CONDITIONS, if obave couse (A) CONDITION lost. ILLIANT CONDITIONS CO. H BUT NOT RELATED TO	ony, giving stoting NTRIBUTINHE TERMINHE TERMINHET (A). IDITION FOFORMED	(C)G AL OR WHICH OPERATION 21B. PLACE OF INJURY (e.g., inhome, form, foctory, steet, o	20A. AUTOPSY NO n or obout 21C, Wh ffice bldg., INJURY	(? (Yes or N	IN CERTIFY	fing CAU	SES OF DE	ATH?
DISEASES OF THE DEAT OF THE DEATH (notify) 21A. ACCIDE OF THE DEATH (notify) 21D. TIME OF INJURY (APPROX.)	PR CONDITIONS, if obave couse (A) obave couse (A) CONDITION lost. ILLIANT CONDITIONS COUNTY OF CONDITION GIVEN IN PAR OPERATION 198. CON WAS PERION (A) CONDITION COUNTY OF COU	ony, giving stoting INTRIBUTINHE TERMIN NET 1 (A). IDITION FOFORMED (Hour)	CC)	20 A. AUTOPSI NO n or obout 21 C. Wh ffice bldg., INJURY	Y? (Yes or N	JURY OCCUR	Boltimore	City, give	exoct location)
DISEASES OF THE PROPERTY OF TH	R CONDITIONS, if obave couse (A) CONDITION lost. ILLICANT CONDITION S COURT OF CONDITION S COURT ON CONDITION S COURT OF COURT O	ony, givistoting NTRIBUTIN HE TERMIN HI (A). IDITION FO	CC)	20 A. AUTOPSI NO n or obout 21 C. Wiffice bldg., INJURY 21 F. HO	HERE DID OCCUR?	JURY OCCUR	May	City, give	exact location) 19 accurred an the
DISEASES OF THE PROPERTY OF THE DEAT (notify) 21A. ACCIDENT OF THE DEAT (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATU	R CONDITIONS, if obave couse (A) obave couse (A) if condition lost. II ICANT CONDITION S CO. H BUT NOT RELATED TO TO NOTITION GIVEN IN PART OPERATION 198. CON WAS PERI TWAS UNDERLYING TING CAUSE OF medicol exominer) (Month) (Doy) (Yeor) that (I) (this haspital last saw the decease I fram the causes state of the couses of the couse of	ony, givistoting INTRIBUTIN HE TERMIN IT 1 (A). Inpition FO FORMED (Houn) (Houn)	CC)	20 A. AUTOPSN NO n or obout 21 C. Wiffice bidg., INJURY 21 F. HO JULY 19 69 riew the bady af	HERE DID OCCUR? W DID IN and the death.	JURY OCCUR	May	City, give	exact location) 19 accurred an the
DISEASES OF THE PROPERTY OF THE DEAT DISEASE OF CONTRIBUTION OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATU 23C. PHYSICIA NAME (T	PR CONDITIONS, if obave couse (A) obave couse (A) occupied to the couse (A) occupied to the couse (A) occupied to the couse of medical examiner) That (I) (this haspital last saw the decease of fram the causes state of the couse of the couse occupied to the couse	NTRIBUTIN HE TERMIN KT 1 (A). IDITION FOFORMED (Hour) (Hour) (Hour) (Hour)	In the (C)	20 A. AUTOPSI NO n or obout 21 C. Wiffice bidg., INJURY 21 F. HO 2 IF. HO 2 IF. HO 2 IF. HO 3 IF. HO 2 IF. HO 3 IF. HO 3 IF. HO 3 IF. HO 3 IF. HO 4 IF. HO 4 IF. HO 5 IF. HO 5 IF. HO 6	Y? (Yes or Note of the death.	JURY OCCUR 19 60 to hat in (my) (May appin	City, give of 25	ath? 19 accurred an the
DISEASES OF THE PROPERTY OF THE DEAT DISEASE OF CONTRIBUTION OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATU 23C. PHYSICIA NAME (T	R CONDITIONS, if obave couse (A) obave couse (A) condition lost. II ICANT CONDITION S CO. H BUT NOT RELATED TO TO NOTITION GIVEN IN PART OF RELATED TO TO NOTITION GIVEN IN PART OF MAS PERI OF MAS	NTRIBUTIN HE TERMIN KT 1 (A). IDITION FOFORMED (Hour) (Hour) (Hour) 240	CC)	20 A. AUTOPSN NO n or obout 21 C. Wiffice bidg., INJURY 21 F. HO 21 F. HO 21 F. HO 22 F. HO 23 D. ADDRESS 302 EMATORY	HERE DID OCCUR? W DID IN and to the death.	JURY OCCUR	May apin (City	City, give of 25 citan death 238. DATE 5/28	ath? 19 accurred an the



VS 150-REV, 1/1/68



VS 150-REV. 1/1/68



ACTUAL

SIGNATURE 4

NAME (Type) 24A BURIAL CREMATION,

I certify that I held an Inquiry

EXAMINER'S Edward F. Wilson, M.D.

248. **DATE**

resulted fram: Natural causes

(APPROX.) 23.

VS 151-REV, 1/1/6B

			69	90	41 BALTIMORE CITY HE			DE 4		69	5544
BIE	TH NO.		WEI	CAL	EXAMINER'S	LERTIFIC	ATE OF	DEA	IH REG. N	0	5541
1.	NAME OF Di	JOHN	STATES	- Cas	enkus)	2. DATE OF DEATH	Known [] Estimated []	Month May	29, 19	Year 69	4:25 P.M.
FUI	PLACE IN BALL NAME OF SPITAL INSTITUTION	(IF N		AL OR INS	RONOUNCED DEAD TITUTION, GIVE STREET	5. USUAL RE	NCED DEAD	Manth May deceased	lived. If institu	tian: residence b	4:25 P.M.
1	54 BON	SECOU	RS HOSP	ITAL		A. STATE	laryland		B. COUNT	11	-01
6.	SEX	7. RACE		B. MARR	IED NEVER MARRIED	C. CITY OR	OWN		D. INSIDE	CITY LIMITS?	
	Male		nite	WIDOV		41	timore			YES V	NO O
9.1	2/12/	190J	lost birthd		If Under 1 Yr. If Under 24 Hrs. Manths: Days Hours Min.		ND NUMBER IcHenry St	reet	(21)	250).	
11.	BIRTHPLACE	(State or for	eign country,		12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S	Plean	So	nku		
14A don	Puru	UPATION (Sive kind of wor even il retired	Det	OF BUSINESS OR INDUSTR	V 15 MOTHER	1/3	relo	Tio		
	WAS DECEA s, na ar unknaw					18. INFORM		akert	ov 1	ADDRESS 3/3 W	Lowbord W
	(This daes heart failu	LEADING nat mean t re, asthenia,	NDITION DIR TO DEATH he mode of cetc. It means the	ying, e.g., ne disease,	(A)IMMEDIATE	nsive Ar	terioscle	erotio	c Cardi	BETW	PPROXIMATE INTERVAL MEN ONSET AND DEATH AT DISEASE
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.						AS A CONSEQ	UENCE OF:			0.4400,400 00 000	
CERTIFICATION	TO THE D	EATH BUT N	II ONDITIONS (OT RELATED T ON GIVEN IN	O THE TERM	INAL						
L CERT	20A. DATE	OF OPERATI	ON 208. CC	NDITION	FOR WHICH OPERATION W.	AS PERFORME	D				PSY? (Yes ar No)
EDICA	22A. EXTE UNDERLYIN UTING C		NTRIB-		228.PLACE OF INJURY(e.g., hame, form, lactary, street, allic	in ar obaut 22 te bldg., etc.) IN	C. WHERE DID (JURY OCCUR?	If in Boltim	are City, give	exoct lacation)	
Σ	OF INJURY (APPROX.)	(Manth)	(Doy) (Ye	or) (Hau		WHILE 22	F. HOW DID IN	JURY OC	CUR?		

Autopsy X

Hamicide ___

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

24D. LOCATION

ASSOCIATE MEDICAL EXAMINER

25C. FUNERAL DIRECTOR

Sulcide

M.D.

24C. NAME of CEMETERY or CREMATORY

and that an this basis, death in my apinion

Undetermined manner

DATE SIGNED

(State)

5/30/69

23

(City, tawn, or county)

ADDRESS

Inspection

Accident

25B. NAME OF REGISTRAR

12/11/1102 635 (1125) Some of the state of real to Towns and had a see the to divine to Desiral 3 months to I to the second

2-	1	BALTIMORE CITY HEALTH DEPARTMENT REG. NO. 69 5542
D-900	011	RIH NO. 69 5542 CERTIFICATE OF DEATH
at at the	1,1	NAME OF DECEASED 2. DATE AND HOUR OF DEATH
- 0 0 - 0	(T)	pe or Print) BECK ANNIE E 5-27-69 3-25 AM.
hospital ise of d (5) Dece ance on	3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE 8. COUNTY
ospi e o 5) D		ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Macyland, Baltimore 3 - 0
d s s	H	OSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN Dung 16 D. INSIDE CITY LIMITS?
cau cau		Ba Lamore YES NOW
- E 6 1 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	12	Frank in Squace Hospital E. STREET AND NUMBER
9 + 9 - 2	0	7 2840 7012 2012
in i	5.	SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) WIDOWED 9. DIVORCED 7-30-92 If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
occu	2 -	A USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12, CITIZEN OF WHAT COUNTRY?
d co		
S or s		fausewife Retired Pennsylvania. America
P = D = 0	. 0	FATHER'S NAME NOY KNOWN 14. MOTHER'S MAIDEN NAME NOT KNOWN
F : 54	Sp	
AN tant e di ind;	TIS.	Was Deceased Ever in U. S. Armed Forces? as, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Back and
The sist kirk de	2 5	None 179-07-3133 Jan Deck 2640 Yarkway
MPORTAN1 his assistant lso, if the die of any kind; unred death		18. APPROXIMATE THE TOTAL BETWEEN ONSET AND DEATH
Po vis	9	DISEASE OR CONDITION DIRECTLY
A Is o o	9	LEADING TO DEATH (A) IMMEDIATE CAUSE CORONALY
	<u>a</u>	(This daes not meon the made al dying, e.g., heart loilure, asthenia, etc. II means the disease, injury ar camplication which caused death.) DUE TO, OR AS A CONSEQUENCE OF:
on ine	E	173CVD E
T Ein of	50 0	ANTECEDENT CAUSES (B)
EC XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	978	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
DIRECTOR: cal examiner al examiner s; (3) A fractu	S I	UNDERLYING CONDITION last, (C)
	9.5	
AL nec	rem	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL
UNERAL chief med by a medi Body bur	3 <	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
A hie	ore the	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
D 0 0 0	ore Ore	
+ - C = -	befor	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
bit with		21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
at to	2 2	OF INJURY (APPROX.) While At Work At Work
> = = = = = = = = = = = = = = = = = = =	a =	THOIR CONTROL
ppr any (ex)	9 9	710-
	pe',	that (1) (we) last saw the deceased olive an 5727/69 19 ond that in (my) (our) opinion death occurred an the date
be d	st b	ond hour and from the couses stated above. (1) (We) (did) (did not) view the body after death.
- V7 (h) 1A	must	
E O U T	2 =	DEGREE Phys. Director Phys. J
s r	written approval	23C. PHYSICIAN'S NAME (Type) SURINDER 23D. ADDRESS Franklin Square Hospital'
	dd _	DEGREE
certif body vs: (1)	0 0 24	REMOVAL (Specify)
	written a	Burial May 29-69 Shepbergers (Chapele Cometery Chanceford Tup York Co., Ra JAIE RECT BY HEALTH DEN. 29-69 Shepbergers (Chapele Funeral Director)
This ce the bod shows:	25	1 The Contraction
= ÷ ÷ ≥ -		11 2 1969 Libe & Hole, NO James of Marlenslein 79
	V	150-REV. 1/1/2011 2 1909 00000

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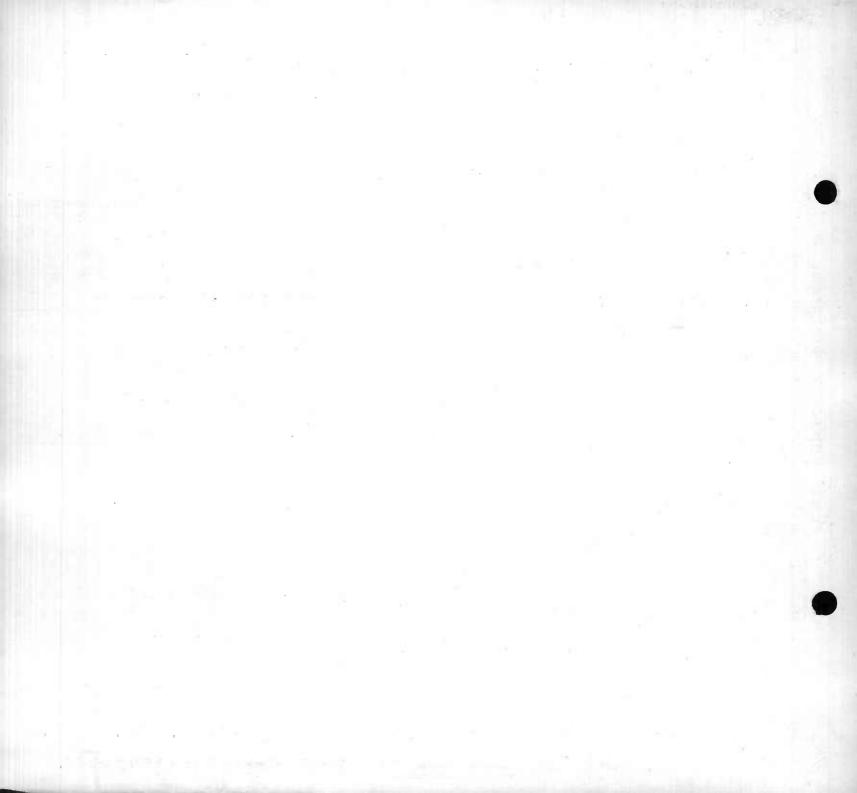
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FULL NAME OF HOSPITAL OR INSTITUTION The Se 6400 W 5. SEX Baltin Female	Edith McGlue and one maryland, where pronounce of the maryland, where pronounce of the maryland and the maryland and the market of the maryland and the market of the mark	TUTION, GIVE STREET	Dischit C. CITY OR TO Washit E. STREET ANI	Let of Count WN Reton- Ba	D. IN	Maryland ISIDE CITY LIMIT YES	d XX
FULL NAME OF HOSPITAL OR INSTITUTION The Se 6400 W 5. SEX Baltin Female	(IF NOT IN HOSPITAL OR INSTI ADDRESS OR LOCATION) ton Psychiatric I abash Avenue	nstitute	c. CITY OR TO	tet of G	olumbia D. IN	Maryland ISIDE CITY LIMI	d XX
The Se 6400 W 5. SEX Baltim	ton Psychiatric I abash Avenue	nstitute	C. CITY OR TO	wn ngton Ba	D. IN	ISIDE CITY LIMI	TS?
The Se 6400 W s. sex Baltim	ton Psychiatric I abash Avenue		Washin E. STREET AND	ng ton Ba		_	
6400 W 5. SEX Baltim	abash Avenue		E. STREET ANI	D NUMBER	2021101 6	AF2	
5. SEX Baltim		2 (NO 🗌
Female	ore, Maryland 212	7 (Wasbash	Avenue (Pa	tient fo	or 7 ves
Female	MAKKIEL	NEVER MARRIED	B. DATE OF BIR	RTH 9.	. AGE (In years	if Under 1	Yr. , If Under
	White WIDOWEL		2-15-18		93	Months Do	oys Hours
	TION (Give kind of work 10 B, KIND C	Comment Comment				12. CITIZEN	OF WHAT CO
done during most of worki		At Home	******		Manual am A	TT-2 A	-3 C+-+-
Housewif	е	At nome	W1111ar	MAIDEN NAM	Maryland	Unit	ed State
13. FATHER'S NAME George Ta 15. Wos Deceosed Eve (Yes, no or unknown) (If							- 100
George Ta		1) (Mary Ki			Dece	
(Yes, no or unknown) (If	yes, give wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMAN				lex., Va
No		_	Mrs. H	elen M.	Magee, Dau	ighter,	309 Fran
18/ // / /	17 1	CAUSE OF DEA	TH				APPROXIMATE IN
DISEASE C	R CONDITION DIRECTLY						
	ADING TO DEATH		Observation		tal dament		6
	meon the mode of dying, e.g.	(A) IMMEDIATE CA	usenronic	myocard	ial degene	starton	6 years
heart failure, asth	henio, etc. Il meons the diseose	υ,					
injury or complic	olion which coused death.)				s; arteria	al	
ANT	ECEDENT CAUSES	(8) hyperte	ension; d	iabetes	mellitus		3
DISEASES OR	CONDITIONS, if ony, giving	g DUE TO, OR A	S A CONSEQUEN	CE OF:			***************************************
rise to the o	bove couse (A) stoling the	4 3					
ONDEREING C		(C)					,
Z OTHER SIGNIFICA	II NT CONDITIONS CONTRIBUTING			ar	terioscler	rosis	
TO THE DEATH B	UT NOT RELATED TO THE TERMINAL	Chronic]	Brain syn	drome wi	th cerebra	al	10 year
U 19 A. DATE OF OP	ERATION 198 CONDITION FOR		_		20B. IF YES, WER		ONSIDERED
RIFE	WAS PERFORMED)	10	IN CERTIFYING C	AUSES OF DE	ATH?
U 21 A. ACCIDENT V	WAS UNDERLYING 21	B. PLACE OF INJURY (e.g.,	in or obout 21 C. V	WHERE DID	(If In Boltim	nore City, give e	xoct location)
OR CONTRIBUTIN		ome, form, foctory, street,	onice plag., INJUR	G OCCUR?			
0		E. INJURY OCCURRED	215	NTNI DID MOI	IRY OCCUP?		
S OF INJURY		/hile At C Not Wh		וואו טוט זוט.	KI OCCOK:		
(APPROX.)	W	/ork L At Worl	k 📙				
	t (1) (this hospital) attended	the deceased from Me	weinher 2	4. 19	9 63 to MU	ch 29,	19.
22 Leastify tha		May 29	1969		tin(my) (our) o		
22 Leastify tha	A saw the deserred alties as		17.7	ona tho	I IN (MY) (OUT) O	hillian acoty	occurred on
22. I certify tha	t sow the deceased alive on			100			
22. I certify that that (I) (we) los and hour and from	on the causes stated above.	(I) (We) (did) (did not)		ofter deoth.		10-0-0-0-0	CLONIES
22. I certify that that (I) (we) los	t sow the deceased alive on	(I) (We) (did) (did not)	view the body	ofter deoth.		23 B. DATE	SIGNED
22. I certify that that (I) (we) los	t sow the deceased alive on	(I) (We) (did) (did not)	view the body	Med. M	Shoff Dhys.	238 DATE	SIGNED 14
22. I certify that that (I) (we) los and hour and from 23A. SIGNATURE	on the causes stated above. Naturass	(I) (We) (did) (did not)	view the body	Med. Director		May	29. 1
22. I certify that that (I) (we) los and hour and from 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Typel	on the causes stated above. Alwruss	(I) (We) (did) (did not) (I) DEGREE Ph	tending The Set	on Psych	iatric Ins	May	29. 1
22. I certify that that (I) (we) los and hour and from 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) Walter	on the causes stoted obove. Alarge O. Jahrreiss, M.	(I) (We) (did) (did not) At Ph DEGREE Degree	tending The Set	on Psych	iatric Ins	May	29. 1
22. I certify that that (I) (we) los ond hour and from 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Typel	on the causes stoted above. O. Jahrreiss, M. 1110N, 248. DATE 24C.1	(I) (We) (did) (did not) Degree Degree NAME of CEMETERY or C	tending was the body 23D. Address The Set 6100 Wa	on Psych	iatric Ins	May stitute Md.	29. 1
22. I certify that that (I) (we) los ond hour and from 23A. SIGNATURE 23C.PHYSICIAN'S NAME (Type) Walter 24A. BURIAL CREMAN	O. Jahrreiss, M. Jahre 1969 100, 248. DATE 24C.1 5-31-1969	(I) (We) (did) (did not) At Ph DEGREE Degree	tending tys. 23D. ADDRESS The Set 61.00 Warematory	on Psych bash Ave	iatric Ins	May stitute Md. City, town, or	29. (g

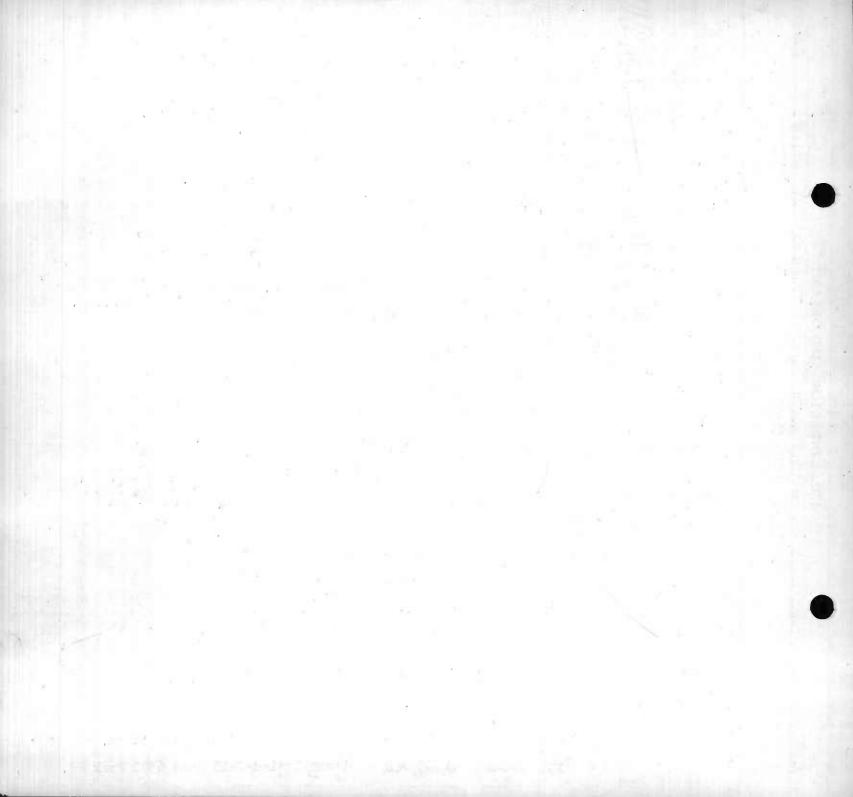
BALTIMORE CITY HEALTH DEPARTMENT

The second of th e le le le Manusa 200 year on peace . I to fire the

	69 55	BALTIMORE CITY	HEALTH DEPARTMENT	00 5544
BIRTH N	90	CERTIFICA	TE OF DEATH	EG. NO. 69 5544
	OF DECEASED	FISHER	2. DATE AND HOUR 5/2	of DEATH 9 00
3. PLACI	E IN BALTIMORE, MARYLAND, WHERE PROP		4. USUAL RESIDENCE (Where decease	B lived. If institution: residence before admiss
FULL NA		TITUTION, GIVE STREET	55+4 Ivanhoe	Aug. Maryland
HOSPITA	TION		C. CITY OR TOWN	D. INSIDE CITY LIMITS?
100	EYLAND STNIFAL	HOSPITAL	Baltimore	YES NO NO
10/ H-1	48		5514 Ivanhoe	Ave. 27-78
5. SEX	6. RACE 7. MARRIE	D NEVER MARRIED	8. DATE OF SIRTH 9. AGE (In lost birthd	n years If Under 1 Yr. If Under 24 Months; Doys Hours Min
N	7 WIDOW	ED DIVORCED	12/1/23 45	
	AL OCCUPATION (Give kind of work 10B, KIND ag most of working life, even if retired)			
1	LERK U.S.	Post Office	Baltimore, Mary	land United states
	ER'S NAME		14. MOTHER'S MAIDEN NAME	
Geor	rge A. Fisher		Alice Schneid	161-
	Deceased Ever in U. S. Armed Forces? runknown) (II yes, give wor or dotes of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
WWll		219-12-8530	Jeannette Fisher 5	514 Ivanhoe Ave
1B.	123 01	CAUSE OF DEAT	н /	APPROXIMATE INTERV
1	DISEASE OF CONDITION DIRECTLY	Cere	bral edeing	BETWEEN ONSET AND D
	LEADING TO DEATH			l and
(This	s does not mean the made of dying, e.	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	24 25 4
hear	I failure, asthenia, etc. 11 means the disea	se,	rum 20818 @ int	cartil an
injur	y ar camplication which caused death.)	(15) ICE-DI	1	
	ANTECEDENT CAUSES	(B) occl	usion (R) 14th	Gootiel ust
	ASES OR CONDITIONS, if any, givi	ng DUE TO, OR AS	A CONSEQUENCE OF	7
	lo the abave cause (A) stating to	he _C+	. Nort puto to	ier Am
UNI	DERLYING CONDITION last.	6010100	1 - X CUUS POUR	4
z		01.	chelen	12
	er significant conditions. CONTRIBUTIN HE DEATH but not related to the termina		nmary 2	.3.
▼ DISE	ASE OR CONDITION GIVEN IN PART 1 (A).	R WHICH OPERATION	20A, AUTOPSY? (Yes or No) 208, IF	VEC WERE EINDINGS CONSIDERED
HAY.	19 0 / Q WAS PERFORMED		IN CER	YES, WERE FINDINGS CONSIDERED TIFYING CAUSES OF DEATH?
E)	123/67 OLLY. R.	Int. Carottel		No y
ORC	CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., inome, form, loctory, street, o	ffice bldg., INJURY OCCUR?	If In Saltimore City, give exact location)
DEAT	TH (notify medical examiner)	etc.)		
21D.		TE. INJURY OCCURRED	21 F. HOW DID INJURY OCC	U R?
SOF	NJURY ROX.)	While At Not Whi Work At Work	le 🔲	
				2/04
22.	certify that (I) (this haspital) attended	d the deceosed from	5-21-1964	ta 5/2/ 19.6,
thot	(I) (we) lost saw the deceosed alive o	n 5/27	19 () ond that in (my) (our) opinion death occurred on the
and	hour and from the couses stoted obove	(I) (We) (did) (did not)	view the bady after death.	
	SIGNATURE	(2.5 (2.5)		23B, DATE SIGNED
	(h) "T)	M. D AH	ending Med. Stoff	5/00/14
1	1 Jany 14	DEGREE Phy	s. Directar L Phys. L	0/27/0/
23 C.	PHYSICIAN'S NAME (Type)		23D. ADDRESS	01.7
4	S. DRITSAS	MD.	1114 ST. PAU	L ST. 15AL10 Mg
		NAME of CEMETERY OF CR	EMATORY 24D. LOCATION	(City, town, or county) (Stor
	AOVAL (Specify)			k Rd. Balto. Md.
		ltimore Nationa		
25A. DA		E OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	JUN 2 1969	BE. Jawes M.D.	wircuerr .wiedererd	Home 6500 York Rd.



Туре	69	- LAL			
. N A		5545 CERTIFICA	TE OF DEATH	REG. NO.	69 5545
Туре	ME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
3. PL	or Print) BACHMAN,	BTTA I			(9 107. 1
	ACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4, USUAL RESIDENCE (When	e deceased lived. If in	9 10.76 A.
	The state of the s	TROTTO OTTO DEND	A. STATE B. COUN	Baltin	
ULL HOS	NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATION	R INSTITUTION, GIVE STREET	(hayland		
NSTI	TUTION Nove Charles		C. CITY OR TOWN		IDE CITY LIMITS?
,	10 mile charles		E. STREET AND NUMBER	ing	YES NO
4	9 Ballimore Ma	reland	2 over Ridge	court	
. SE)		ARRIED NEVER MARRIED		9. AGE (In year 84	If Under 1 Yr. , If Under 24 H
F		DOWED DIVORCED	Lept. 29, 1884	XXXXXXXXXX	Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108, 1	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei		12. CITIZEN OF WHAT COUN
one o	during most of working life, even if retired)		Baltimu B	argland	h. s. A.
3. F/	ATHER'S NAME		Ballima (2)	ME	
	Herman Lolms	Ana /	Hannak	1 -	
5 14	forman forms	114 505:::			
ies, r	os Deceased Ever in U.S. Armed Forces?	service) 1 6. SOCIAL SECURITY NO.	Marjorie J. H	Bachman 2 Ov	erridge Court
1	20	216 32 7543D	Hospilal cha	4	Balto., Md. 21210
11	B. , / /	CAUSE OF DEAT	Н		APPROXIMATE INTERVA
TION	UNDERLYING CONDITION last.	MILIAME	umia		
	9A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. FF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
2 2	PIA. ACCIDENT WAS UNDERLYING DECENTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)	in or about 21 C. WHERE DID INJURY OCCUR?	(If in Baltimor	re City, give exact location)
U	PID. TIME (Month) (Doy) (Year) (Ho	un 21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
EDIC		While At Not Whi			
MEDIC	APPROX.)	4401K - 71 4401K	4	10 0	
MEDIC		anded the deserred from	nox 10	10 6 9 1- / 1/2	204, 29 In C
WEDIC 2	22. I certify that (1) (this haspital) att	Charles an	/.	19 69 to (2	
WEDIC 2		Charles an	/.		
WEDIC 2	22. I certify that (!) (this haspital) attachet (!) (we) last saw the deceased aligned haur and fram the causes stated a	ive an May 29	19 29 and th		inion death accurred an the
WEDIC 2	22. I certify that (I) (this haspital) atthat (I) (we) last saw the deceased ali	bove. (1) (We) (did) (did nat)	19 9 and the view the bady after death.		
WEDIC 2	22. I certify that (!) (this haspital) attachet (!) (we) last saw the deceased aligned haur and fram the causes stated a	bove. (1) (We) (did) (did nat)	19 9 and the view the bady after death.		29 19 C inion death accurred an the
WEDICA 2 th	22. I certify that (!) (this haspital) attribut (!) (we) last saw the deceased aligned haur and from the causes stated a 3A. SIGNATURE Alwania L. Jan. 33C. PHYSICIAN'S	bove. (I) (We) (did) (did nat)	19 9 and the view the bady after death.		inion death accurred an the
WEDICA 2 th	22. I certify that (!) (this haspital) attribut (!) (we) last saw the deceased aligned haur and from the causes stated a 3A. SIGNATURE Alwania La	bove. (I) (We) (did) (did nat)	19 9 and the view the bady after death. ending Med. Director Director 23D. ADDRESS		inion death accurred an the
2 th	22. I certify that (!) (this haspital) attribut (!) (we) last saw the deceased aligned have and from the causes stated a 3A. SIGNATURE Aluquation 4. Jan. 33C. PHYSICIAN'S NAME (Type) DEOGRACIAS V. FA	bove. (I) (We) (did) (did nat) LUSTING M. P. DEGREE	19 9 and the view the bady after death. ending Med. Director [23D. ADDRESS ADDRESS S OLL S OLL	Staff Phys. Staff	238. DATE SIGNED 5/29/69 204/44
2 th	22. I certify that (!) (this haspital) attempted to the causes stated a 3A. SIGNATURE Attagacian 4. Jan 133C. PHYSICIAN'S NAME (Type) DEOGRACUS ACCORD TO THE CONTROL OF THE CAMPATION, REMOVAL (Specify) 24B. DATE	bove. (I) (We) (did) (did nat)	19 9 and the view the bady after death. ending Med. Director [23D. ADDRESS ADDRESS S OLL S OLL	Staff Phys. Staff	23B. DATE SIGNED 5/29/69 201/64 ity, town, or county) (State
22 d d d d d d d d d d d d d d d d d d	22. I certify that (!) (this haspital) attended (!) (we) last saw the deceased aligned haur and fram the causes stated a 3A. SIGNATURE Ataquation 4. January 13C. Physician's NAME (Type) DEOGRACIAN'S NAME (Type) BURIAL CREMATION, 124B. DATE BURIAL CREMATION, 124B. DATE 5/31/69	bove. (I) (We) (did) (did nat) AH Ph CUSTING M.D. DEGREE 24C. NAME of CEMETERY OF CI Woodlawn Comete	19 9 and the view the bady after death. ending Med. Director Director Soll 23D. ADDRESS Soll EMATORY 24D. L	Shaff Phys. Sociation (C	23B. DATE SIGNED 5729/69 201/61 ity, town, or county) Balto. Md.
22 d d d d d d d d d d d d d d d d d d	22. I certify that (!) (this haspital) attempted to the causes stated a san the deceased aligned have and from the causes stated a san signature Atamacian 4. January 1. Januar	bove. (I) (We) (did) (did nat) AH Ph CUSTING M.D. DEGREE 24C. NAME of CEMETERY OF CI	19 9 and the view the bady after death. ending Med. Director 23D. ADDRESS ADD	Shaff De Phys. Sociation (Control Woodlawr	23B. DATE SIGNED 5/29/69 201/61/ ity, town, or county) ADDRESS



VS 150-REV. 1/1/68

Letter from Maryland General Hospital 6-24-69 M.H.

IMPORTANT

DIRECTOR:

FUNERAL



IMPORTANT DIRECTOR: FUNERAL

4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission)
A. STATE
B. COUNTY D. INSIDE CITY LIMITS? YES X NO If Under 1 Y. Months! Doys If Under 24 His. 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS VA Hospital Records 3900 Lobh Raven Blyd. Balto. Md 21218 BETWEEN ONSET AND DEATH l year 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exoct location) ond that in (mg) (our) opinion death occurred on the date 238, DATE SIGNED May 28, 1969 3900 Loch Raven Boulevard Baltimore Maryland 21218
[240. LOCATION (City, town, or county) Baltimore Maryland Jehnard J. Rifek Inc. 5305 Harford Road 21211

the parties of the same and the same of th

VS 150-REV. 1/1/68

And the second ale man for \$2.00 69 5550 BALTIMORE CITY HEALTH DEPARTMENT

×69 5550

MEDICAL EXAMINER'S CERTIFICATE OF DEATH	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH
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BIRTH NO.	MEI	DICAL	EXA	AMINER'S C	CERTIFIC	CATE OF	DEAT	H REG. NO.			
	EASEDJOSOPH C	ohum			2. DATE	Known XX	Month	Doy	Yeor	Hour	
Type or Print)	2000000		HIRRA	RD	OF DEATH	Estimoted	5	27	69	1:15	~ M
PLACE IN BALT	TIMORE, MARYLAND,				3. DATE		Month	Doy	Yeor	Hour	рм.
ULL NAME OF	(IF NOT IN HOSPI	TAL OR INST	ITUTION,	GIVE STREET	PRONOL	INCED DEAD	Mav	27	1969	1.15	- 44
OR INSTITUTION	ADDRESS OR LOC	.AIION)			5. USUAL R	SIDENCE (Where		ed. If institution		efore odmissi	on)
37 M	ercy Hospita	1			A. STATE	and I am d		B. COUNTY	h	53	-1
. SEX	7. RACE		IED 🔽 I	NEVER MARRIED	C. CITY OR	aryland	737	D. INSIDE CI			
Male	White	WIDOW	_	DIVORCED .	p.	140		VE	-П	NO 🖾	
DATE OF BIRTH			If Under	1 Yr. If Under 24 Hrs.		ND NUMBER		YE	S L I	40 FF	
5/5/1917	lost birthd	loy)	Months 1	Doys Hours Min.	000	D. 1					
7 7 - 7 - 1	tote or foreign country)	2	12. CITI	ZEN OF	13. FATHER	L Ridge A	ve.				
Md.	,,,			ATSOUNTRY?		ph Hubbar	d				
	PATION (Give kind of wor	WIAR KIND				-					
one during most of w	orking life even if retired)									
Electrica	ED EVER IN U.S. ARMI	Balto		& E. CO.	Daisy			Ar	DRESS		
Yes, no or unknown)	(If yes, give wor or dote	s of service	j'	12-05-4730		d Hubbard	Com		JUKE33		
			4			d nubbard	. sam	.0	ADI	NO VILLATE IN IT	DVAL
19.	2 44			CAUSE OF DEA	тн					ROXIMATE INTE	
DISEASI	E OR CONDITION DIR	ECTLY		Arterioscle	erotic o	cardiovaso	ular d	lisease			
	LEADING TO DEATH			(A)IMMEDIATE	CAUSE						eeeennen:
	ot meon the mode of a , osthenio, etc. It meons th			DUE TO, OR	AS A CONSEQ	UENCE OF:					
injury or com	nplication which coused d	eoth.)									
AA AA	NTECEDENT CAUSES			(0)							
DISEASES C	OR CONDITIONS, IF AN	NY, GIVING		(B) DUE TO, OR	AS A CONSE	UENCE OF:		~= *			
	E ABOVE CAUSE (A) ST NG CONDITION LAST.			(-)							
Z				(C)							
▼ OTHER SIGN	II IIFICANT CONDITIONS (CONTRIBUT	ING								
O TO THE DEA	TH BUT NOT RELATED T	O THE TERM	INAL								
	OPERATION 208. CO			ICH OPERATION W	AS PERFORM	ED			21. AUTO	SY? (Yes or	No)
Ö)											
₹ 22A. EXTERI	NAL CAUSE WAS		228. PI A	CE OF INJURY(e.g.,	in or obout 2	2C. WHERE DID	(If in Boltimor	e City, give exo	ct location)	S	
UNDERLYING	OR CONTRIB-		home, fo	rm, foctory, street, offic	e bldg., etc.) II	VIURY OCCUR?	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	USE OF DEATH. (Month) (Doy) (Ye	eor) (Hou	-1 225	INJURY OCCURRED	2	2F. HOW DID IN.	ILIPY OCCI	ID2			
OF INJURY	(Normal) (DOY) (Te	(1100			WHILE	z HOW DID HY.	JOHN OCC	, K.			
(APPROX.)			m. WOR	K L AT V	VORK						
	ify that I held an	Inquiry [7 1-	spection Au	topsy XX	and that on th	his basis	death in my	opinion		
		-		_		[]			7		
result	ted from: Noturol co	uses Ah	Acci	dent Suicio				ned manner (
ACTUAL	5V	y . +	$- \Lambda $	10		CHIEF MEDICAL E				DATE SIGN	ED
SIGNATU	JREVV	~) 1	V -	M.C	ASSI	STANT MEDICAL E	XAMINER	KX			
EXAMINI					ASSC	CIATE MEDICAL E	XAMINER				
NAME (T		F. Wi	Ison	M.D.	OF CREAMATO	IDV laza	LOCATION	(C:+- +	May	28, 10 (Stote	969
24A. BURIAL CREA REMOVAL (Specif			240.1	TAINE OF CEMETERY.	GI CREMATO	240.	LOCATION	(City, town	, or county)	(31016)	,
Kerce Land B	Burial 5/29/		Mo	reland Mem.	Pk.	Ba	lto. M	d			
25A. DATE REC'D	BY HEALTH DEPT.	258. N	IAME OF	REGISTRAR	25C.	UNERAL DIRECTO	SR	A	DDRESS		
	JUN 2 1	969	Bell	E. Farber, M	Lec	nard J. R	uck In	c. Balt	o. Md.		
	JUIT D K	DOD O	7	9 (1)							

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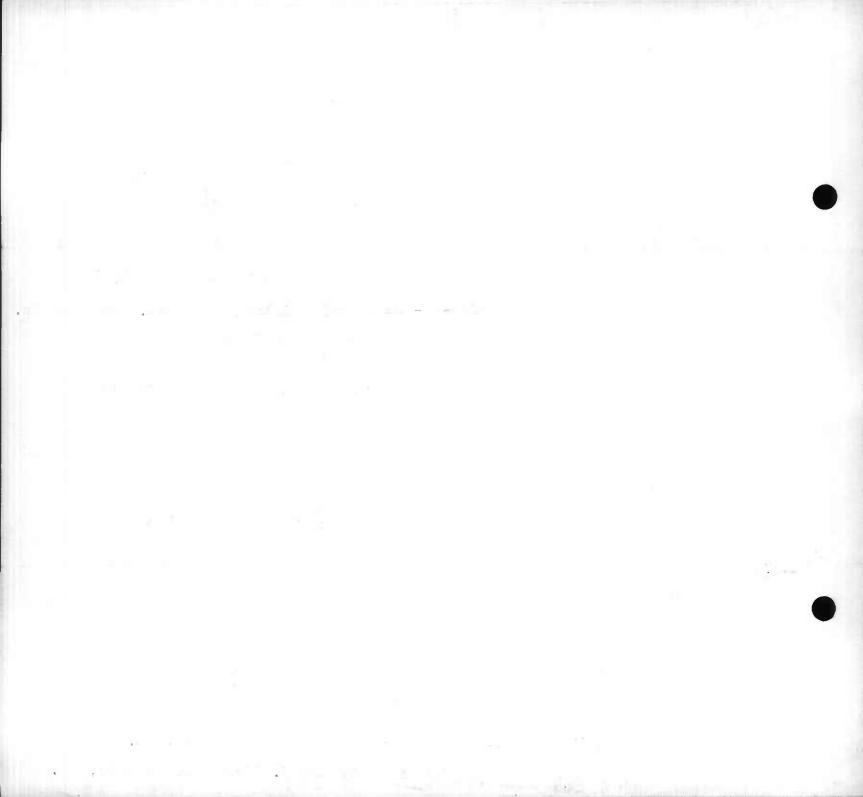
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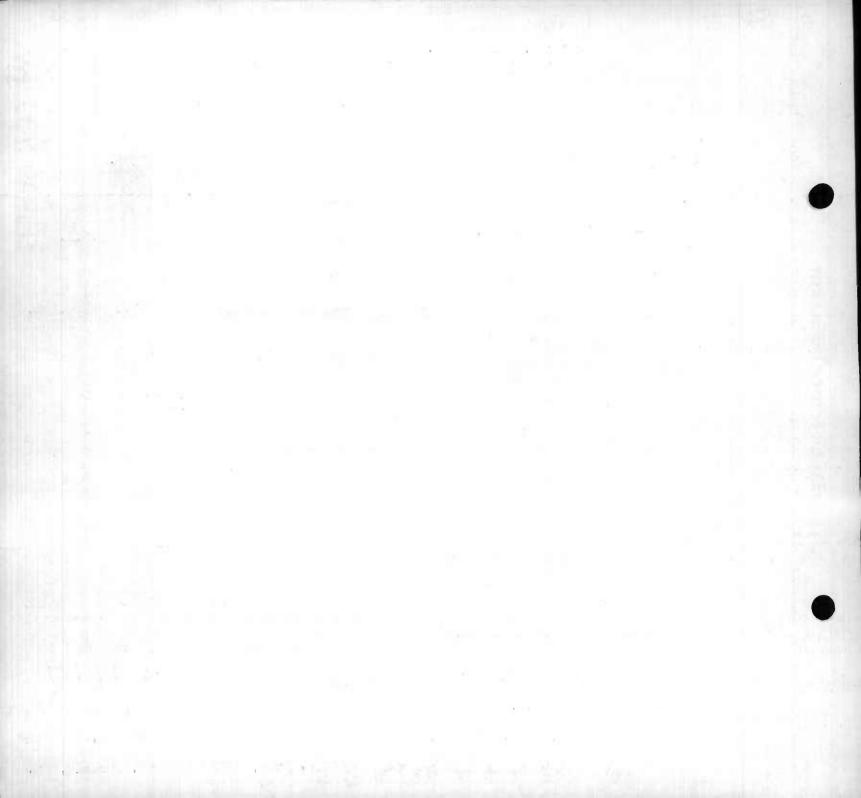
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69 5551 BALTIMORE CITY HEALTH DEPARTMENT

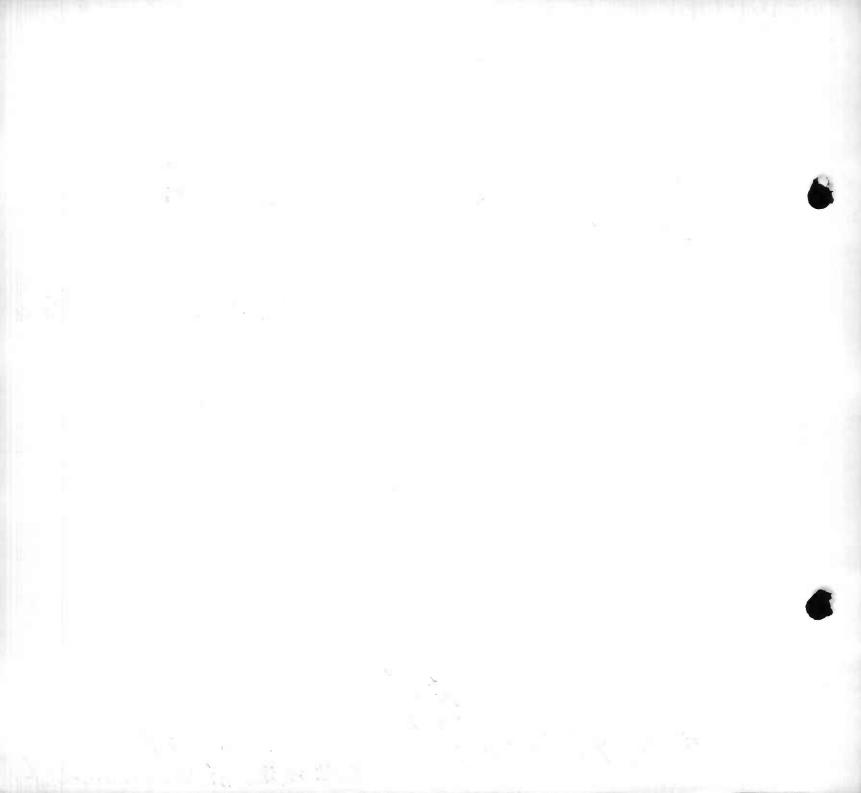
	MEDICAL E	XAMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO.	69	555	1
BIRTH NO.								F	
Type or Print ROBERT	K	INNIER	2. DATE OF DEATH	Known Estimoted XIX	Month	Day	Year	Hour	М.
4. PLACE IN BALTIMORE, MARYLA	AND, WHERE PRON	OUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	
HOSPITAL ADDRESS C	HOSPITAL OR INSTITUT OR LOCATION)	ION, GIVE STREET		INCED DEAD	May	,	1969		5 P _M
OR INSTITUTION			5. USUAL R	SIDENCE (Where	e deceosed li	ed. If institution B. COUNTY	: residence l	pefore odmis	ssion)
Sinai Hospital				yland		b. COUNTY	il	7-1	6
6. SEX 7. RACE	B. MARRIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS?		
male whit	e WIDOWED	DIVORCED [timore		YI	ES 🛛	NO 🗆	
	AGE (In years If L birthday) Mor 83	Inder 1 Yr. If Under 24 Hrs. hths: Doys : Hours : Min.		ind number .3 Park He	oiohts	Avenue			
11. BIRTHPLACE (State or foreign co		CITIZEN OF	13. FATHER		15.100	21001100			
Maryland		WHAT COUNTRY?		nown			134		
14A.USUAL OCCUPATION (Give kind done during most of working life, even if	of work 14B. KIND OF	BUSINESS OR INDUSTR	Y 15. MOTHE	S'S MAIDEN NA	ME				
Inspector	Brewe	rv	Unk	nown					
16. WAS DECEASED EVER IN U.S.	ARMED FORCES?	17. SOCIAL	IB. INFORM			RaAl	PPTS6st	own, M	[arv]
(Yes, no orunknown) (If yes, give word	r dotes of service)	218 22 0287	Mme S	adie T C	mimm 2				
19.		CAUSE OF DEA		aute n. o	ל וווווו)	OTO DIT		PPROXIMATE IN	
H/2, 44		CAUSE OF DEA	VIII					VEEN ONSET A	
DISEASE OR CONDITIO	N DIRECTLY	Arterios	scleroti	c Cardio	ascula	r Disea	se		
LEADING TO DE	ATH	(A)IMMEDIATE	CAUSE						
(This does not mean the mod heart failure, asthenia, etc. it m		DUE TO, OR	AS A CONSEQ	UENCE OF:			4=000000		
injury or complication which co	used deoth.)								
ANTECEDENT CAU		(B)	16 1 601165	NICH OF					
RISE TO THE ABOVE CAUSE	(A) STATING THE	DUE TO, OK	AS A CONSE	QUENCE OF:					
UNDERLYING CONDITION		(c)							
ō		(> / = = = = = = = = = = = = = = = = = =							
OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING	•							
TO THE DEATH BUT NOT REL	ATED TO THE TERMINA								
DISEASE OR CONDITION GIVE		WARCH ODER ATION W	AC DEDECORA	FD			In AllTe	DCVO /V	as Na)
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELUDISEASE OR CONDITION GIVE 20A. DATE OF OPERATION 20	B. CONDITION FOR	WHICH OPERATION W	AS PERFORM	ED			21. AUIC	OPSY? (Yes	or No)
							I.	No	
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB UTING CAUSE OF DEATH.		PLACE OF INJURY (e.g., e, form, foctory, street, officers)	in or obout 2 ce bldg., etc.) I	2C. WHERE DID NJURY OCCUR?	(If in Boltimo	re City, give exc	ect locotion)		
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy)	(Yeor) (Hour)	22E.INJURY OCCURRED	2	2F. HOW DID IN	IURY OCC	IR?			
OF INJURY	(1601) (11001)		T WHILE -	11011 515 111	3011 000	JK:			
(APPROX.)	m.		WORK .						
23.		(77)							
I certify that I held		Inspection X Au	tapsy	and that an t	his basis,	death in my	aplnion		
resulted from: Natur	ral causes	Rocident D Suici	de 🔲 Ho	micide 🗌	Undetermi	ned manner [
A		1.1		CHIEF MEDICAL					
ACTUAL 111084	12/1	1		STANT MEDICAL		KX		DATE SIGI	NED
SIGNATURE VI	NO VI	M.I).					5/27/6	60
EXAMINER'S Wern	er U. Spitz	, M.D.	ASSC	CIATE MEDICAL	EXAMINER			3/2//	
24A. BURIAL CREMATION, 24B.		4C. NAME of CEMETERY	or CREMATO	PRY 24D.	LOCATION	(City, tows	n, or county) (Sto	ote)
REMOVAL (Specify) Burial 29	MAY 69	Loudon Park	Cemeter	Ba	ltimor	, Mary	land		
25A. DATE REC'D BY HEALTH DEP	1. 25B. NAM	E OF REGISTRAR	25 C.	UNERAL DIRECT	91	Α	DDRESS		•
	1969 Jourse	E, Faiber, M.D.	X	& June	n Down	1677	Danle	Hoj wht	e Arre
5011 2	200	90-6	واوا	E. Lowel	1 Lemm	on 4611	rark	uergur	S AVE
VS 151-REV. 1/1/6B) 5'						1/

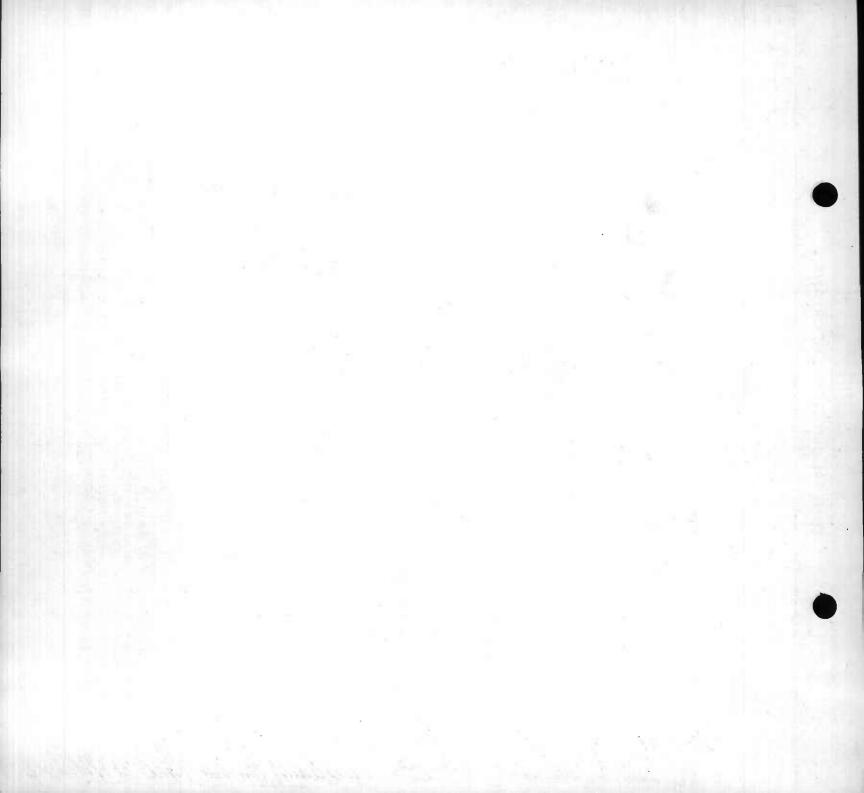


1	-560		69	555	3 CEDTIEIC	ATE OF DE	ATLI REG.	NO	JJJJ
	ch ed	BIRTH NO.	con Towler	L. Niem	CERTIFIC		DATE AND HOUR OF	DEATH	
	death death ease n the Sucl	(Type or Print)	Nichal	T. WION		RXIN	C-27-1	19	1150/02
	5 7 9 0 5	3. PLACE IN BALTIA	MORE MARYLAND,	WHERE PRONO			NCE (Where deceased li	ved If institution:	residence before admission)
	_ ,, 0	FILL NAME OF	THE NOT IN HOSE	ITAL OR INICTIT	HITOM CIVE STREET			Ca	53-00
	d d (C	FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOC	CATION)	UTION, GIVE STREET	C. CITY OR TOWN		D. INSIDE CITY L	LIMITS?
	Ca Ca	BALTIMORE C	TTY HOSPIT	ATS		Fort How		YES _	NOX
	E 0 5 0	940 EASTERN		2220		E. STREET AND N		97:A	59
	ed ar		MARYLAND RACE	21224	Files and the same of		BAYSIDE AVE		er 1 Yr. If Under 24 Hrs.
	ntrib rmin egulo ased s ma			WIDOWED	NEVER MARRIED DIVORCED	=	lost birthdoy)	Months	er 1 Yr. If Under 24 Hrs. Doys Hours Min.
	occur ontrik ermir regul eased is ma			ork 108. KIND O	F BUSINESS OR INDUST		ate or foreign country)	12. CIT	IZEN OF WHAT COUNTRY
	in in ion	done during most of wo	rking life, even if retired Bethlehem	Steel Co					TT C A
	ded Unc as e d	13. FATHER'S NAME		0001 00	-	MARYLANI 14. MOTHER'S MA			U.S.A.
	direct direct (); (4) U th wa on the dispos	Common VI NT	TO THE STATE OF TH				DENT TOTAL		
Z	dir dir ath on	LOUIS H. NI	ver in U. S. Armed F	orces?	1 6. SOCIAL	17. INFORMANT	PFEIFFER		ADDRESS 21224
IA	kin kin dea	(Yes, no or unknown) (I	f yes, give war or do	otes of service)	SECURITY NO.	pru. pro	OPDE 1010 EA	CONTRACTOR	
8	d d d	11B. // 1 0	0.1		213-07-9230 CAUSE OF DE		ORDS 4940 EA	SIERN A VE	APPROXIMATE INTERVAL
IMPORT	f an f an nce end	1 410	OR CONDITION E	DIRECTLY			1	1 / 1	BETWEEN ONSET AND DEATH
3	Also e of nour atte		EADING TO DEAT		(A) IMMEDIATE	AUSE MYDO	ardialin	Lastin	h
::	er. A	heart failure, as	mean the mode of sthenia, etc. It meor licotion which cause	ns the disease		AS A CONSEQUENCE O	F:		
OR	E 6 5 E		NTECEDENT CAUSI			and.	INC ON	rot	
5	A fr Vho	DISEASES OR	CONDITIONS, if	any, giving	(B) DUE TO, OR	AS A CONSTOUENCE	OF:	(LLA.I	
NE E	(3) (3) ex		above cause (A	stating the	(c)			d = d d d = 000000000000000000000000000	
2	dical ical rns; sicia was		11						
AL	edi edi our n w		ANT CONDITIONS C						
NERA	Y H		DERATION 198. CO	ART 1 (A).	WHICH OPERATION	20 A. AUTOPSY?	(Yes or No) 208, IF YES	S, WERE FINDING	S CONSIDERED
Z	chic Boc the the ysie	19A. DATE OF C	WAS PI	ERFORMED		NI	IN CERTIFY	ING CAUSES OF	DEATH?
5	ph for	OR CONTRIBUTE	WAS UNDERLYING	21 ho	B. PLACE OF INJURY (e. me, form, foctory, street,	office bldg., INJURY	FRE DID (If in	n Boltimore City, gi	ve exoct locotion)
	ital ital No No	DEATH (notify n		etc					
	d b osp osp itur (6)	S OF INJURY	Month) (Doy) (Yea		E. INJURY OCCURRED hile At Not V		V DID INJURY OCCUR	?	
	n n n n n n n n n n n n n n n n n n n	(APPROX.)		W	ork L At W	ork 🗀			
	th th th dex ob				the deceased fram		19 (9 to		27 1969
	of a		ast saw the decea					aur) aplnian de	ath occurred on the dat
	tased to dent of ospital death) must be	and haur and		tated above	(I) (We) (did) (did no) view the bady aft	er death.	23 R D A	ATE SIGNED
	d d	232.310			No M	Attending Med		-	77-19
	rel acc acc	23C. PWYSICIAN		SMI	MEGNEE	23B ADDRESS ORE	CTOV ILCODO	U DIA	2/6/
		R. CH		M D	- / X				MARYLAND 2122
	ifico www Maran dapr	24A. BURIAL CREM REMOVAL (Sp			IAME of CEMETERY OF	REE 4940 EAST	24D. LOCATION	(City, town,	
	1-000-	Burial	ecify) 5/31/	69 Gar	dens of Fait	h Cemetery		Baltim	ore, Maryland
	This certifue body shows: (1) was D.O. deceased written a	25A. DATE REC'D B	SY HEALTH DEPT.	DER ALABAE	OF BEGISTRAD	2SC. FUNERAL	DIRECTOR		ADDRESS
	This the bashow was dece		JUN 2 1969	y Javers	E. Jaben, M.	John J.	Duda, 7922 W	lise Ave.	Dundalk, Md.
		VS 180-REV. 1/1/68				, ,	, ,1		



1	CO	BALTIMORE CITY	HEALTH DEPARTMENT		00
BI	RTH NO.	5554 CERTIFICA	TE OF DEATH	REG. NO.	69 5554
1.	NAME OF DECEASED YE LLOINDY	· Blace H		6 1 69	2 10 1
3.	PLACE IN BALTIMORE, MARYLAND, WHERE P	ONOUNCED DEAD	4. USUAL RESIDENCE (Whe	e deceased lived. If instit	tution: residence before admission)
II H	ULL NAME OF (IF NOT IN HOSPITAL OR SOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN		18-02
	4	u Hospilae	Ballimer E. STREET AND NUMBER	-0	CES NO NO
Ŀ	06	1	1209 W. L	exington	St.
	WIDO	RRIED NEVER MARRIED DIVORCED	11/2019301914	last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
do	A. USUAL OCCUPATION (Give kind of work 108, KIN	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Side or fore	gn country)	12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S NAME	•	14. MOTHER'S MAIDEN NA	ME	
	9		9.		
15. (Ye	. Wos Deceased Ever In U. S. Armed Forces? es, no or unknown) (If yes, give wor or doles of ser	vice) 1 6. SOCIAL SECURITY NO	Wham H	Mourch 8	03 9 Fulton
	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH		1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	LEADING TO DEATH This does not mean the mode of dying,	(A) IMMEDIATE CAU			
L	heart failure, asthenia, etc. It means the dis injury ar complication which caused death.)	ease, DUE TO, OR AS	A CONSEQUENCE OF:		
	ANTECEDENT CAUSES				
	DISEASES OR CONDITIONS, il any, g	(8) DUE TO, OR AS	A CONSEQUENCE OF:		********
	rise to the obove couse (A) stoling UNDERLYING CONDITION lost.	the			
	ONDEREIMO CONDITION 165E	(C)			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).	ING NAL	100000000000000000000000000000000000000		
ERTIFIC	19A DATE OF OPERATION 19B CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208, IF YES, WERE FINITH OF CAUSE	DINGS CONSIDERED
CALC	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inatify medical examiner	21B. PLACE OF INJURY (e.g., in hame, farm, factory, street, of etc.)	or obout 21 C. WHERE DID	(If In Boltimore C	ity, give exoct locotion)
MEDI	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)	While At Not While Wark At Work	21F. HOW DID INJU	JRY OCCUR?	7
	22. I certify that (I) (this hospital) attend		5/29/69 1	9tg	2/1/ 1968
	that (I) (we) last saw the deceased alive		100	(n death accurred on the date
	and haur and from the causes stated above	ve. (1) (We) (did) (did nat) v	lew the bady after death.		
	23A. SIGNATURE Surinder			23	B. DATE SIGNED
	Durinau	DEGREE Phys	nding Med. Director	Staff Phys.	GPI 1G8
	23C. PHYSICIAN'S NAME (Type) SURINDE	e Mo.	Franklin	Square +	ospilal.
1	BULLAT 6/4/1960	C NAME OF CEMETERY OF CRE	MATORY 24D. LC	CATION (Cilm)	lown or county! (Stote)
25/	JUN 2 1969 John	ME OF REGISTRAN	25C. FUNERAL DIRECTOR	undland 3	98 Lallandon H
VS	150-REV. 1/1/68		The state of the s	well the same	TARMAN MAIN





	TH NO.	EASED	2. DATE AND HOUR OF DEATH							
		iss Helen Fid	elis Sha	annon		6-1			- 8	:15 A.M.
		TIMORE MARYLAND, V	4. USUAL RES	8. COU	NTY		itution; residence	before odmissian)		
HC	LL NAME OF	ADDRESS OR LOC	C. CITY OR TOWN D. INSIDE CITY LIMITS?					90-00		
	0.	Jenkins Mem	Lutherville				YES 🗌	NO 🖾		
ŀ	91	Baltimore,		29	E. STREET AND NUMBER 211 Lincoln Ave.					
	emale	6. RACE White	7. MARRIED [WIDOWED	NEVER MARRIED	Aug.4,]	L893	9. AGE (In year lost birthdoy) 75	rs	If Under 1 Yr. Months Doys	If Under 24 Hrs. Hours Min.
		working life, even if retired)	k 108. KIND OF	BUSINESS OR INDUSTRY	Hallste				U.S.A.	WHAT COUNTRY
3.	Thoma:	W. Shannon			14. MOTHER'S Marga	MAIDEN NA				
Ye		Ever in U. S. Armed Fo		16. SOCIAL SECURITY NO. 577-38-5040	Jenkins		ial Hospi	tal	ADDR	caton Ave
NO	DISEASES O	ANTECEDENT CAUSES OR CONDITIONS, if sobave cause (A) G CONDITION lost.	any, giving slaling the	(B) DOC (C) DUE TO, OR A:	evenusion a consequent	Syuc	lvame	+ cA		Legra
ATI	TO THE DEAT	CONDITIONS CONDITIONS CONDITION GIVEN IN PA	THE TERMINAL RT 1 (A).	WHICH OPERATION		4 Q &			NDINGS CONS	
AL CERTIFIC	21 A. ACCIDE OR CONTRIBL DEATH (notify	NT WAS UNDERLYING [DTING CAUSE OF medicol exomine)		PLACE OF INJURY (e.g., e, lorm, foctory, street, c	in or about 21C. ' ffice bldg, INJU	WHERE DID RY OCCUR?			City, give exoct	
DIC	21 D. TIME OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED	le 🖂	HOW DID IN	JURY OCCUR?			,
MEDI	(APPROX.)		11.0			-				
W	22. I certify that (We)		l) attended to	he deceased fram	196	and 1		ur) apin	ian death acc	urred on the da
WE	22. I certify that (We)	last saw the deceas d from the causes sta IRE Reques	l) attended to	(We) (did) (did not)	view the bady	and 1	Staff Phys.		ian death acc	urred on the da

the state of the s CONTRACTOR OF THE STATE OF THE



DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. BIRTH NO 1. NAME OF DECEASED 2, DATE AND HOUR OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY D. INSIDE CITY LIMITS? YES \ NO 21211 9. AGE (In years If Under 1 Yr. Months! Days If Under 24 Hrs. Hours Min, Hours last birthday 10A USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? 4.S.a 14. MOTHER'S MAIDEN NAME Veben ADDRESS BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20 A. AUTOPSY? (Yes or No) (If In Baltimore City, give exact location) 21F. HOW DID INJURY OCCUR? and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave. (1) (His) (did) (did not) view the bady after death. Pikesville Md. 25B NAME OF REGISTRAR ADDRESS VS 150-REV. 1/1/6B



MEDICAL EXAMINER'S CERTIFICATE OF DEATH,

BII	TH NO.							REG. NO			
1.	NAME OF DECI		T TAR	DA DIZED	2. DATE OF	Known X	Month	Doy	Yeor	Hour	
WIDDIAT TAKEK						Estimated 🔲	May	29,	1969		М.
					3. DATE	UNCED DEAD	Manth	Doy	Yeor	Hour	
HO	L NAME OF SPITAL	ADDRESS OR LOC		TITUTION, GIVE STREET	PRONO	ONCED DEAD	May	29,	1969	2:44	А. м.
OR	INSTITUTION				S. USUAL R	ESIDENCE (Where		ed. If institutions, COUNTY	n: residence l	befare adm	issian)
Johns Hopkins Hospital (DOA)						Maryland		s. COUNTY		8-	05
6.	SEX	7. RACE	8. MARR	IED NEVER MARRIED	C. CITY OF			D. INSIDE C	ITY LIMITS?		
	Male	Negro	WIDOW	VED DIVORCED		Baltimor	e	,	ES X	NO 🗆	
9.	DATE OF BIRTH			If Under 1 Yr. If Under 24 Hr		AND NUMBER					
9	1/2/3/	1925 Fost birthd	. ,	Months, Days, Hours, Mi	n.	2317 Har	ford A	70nua			
11.	BIRTHPLACE (SI	tate or fareign country)		12. CITIZEN OF	13. FATHER		LOIG A	/ CITUE			
1	Enlar.	y Curty	mi	WHAT COUNTRY?	777	tohell.	Tack	2/			
144	USUAL OCCUP	PATION (Give kind of world	148. KIND	OF BUSINESS OR INDUS	RY 15. MOTHE	R'S MAIDEN NA	ME	1			
dan	e during mast of w	arking life, every if retired)			1/1/11	141111	191	1111			
16.	WAS DECEASE	D EVER IN U.S. ARME	D FORCES	? IT. SOCIAL	18. INFOR	MANT	1	" I	DDRESS	./	
(Y e	s, na ar unknawn)	(If yes, give war or dates	af service	SECURITY NO.	1/1/	1 Hallo)	tins	Post .	1211	dhil	w/ Ar
-	19.	17 .1	_	CAUSE OF D	ATH	1	1666	34		PPROXIMATE	
	1-9	66 X							BETV	VEEN ONSET	AND DEATH
		E OR CONDITION DIRI EADING TO DEATH	ECTLY		C.	-ab	- E - h				
		of mean the made of d	ying, e.g.,	(A)IMMEDIAT	R AS A CONSEC	ab wounds	or en	est			
		osthenio, etc. It means the plication which caused de		50210,0							
			1			1944					
		TECEDENT CAUSES		(8)	R AS A CONSE	OUENCE OF					
	RISE TO THE	ABOVE CAUSE (A) ST	ATING THE		AS A CONSE	QUENCE OF:					
Z	UNDERLYIN	G CONDITION LAST.		(c)							
은		H									
5		IFICANT CONDITIONS (ITH BUT NOT RELATED TO									
CERTIFICATION		CONDITION GIVEN IN							101 AUTO	Deva (V-	Ma
18	ZUA. DATE OF	OPERATION 208. CC	NOIIION	FOR WHICH OPERATION	WAS PERFOR	WED			ZI. AUIC	OPSY? (Yes	01 140)
بِ	X									Yes	
<u> </u> ∆		VAL CAUSE WAS		228. PLACE OF INJURY (e. hame, form, factory, street, a			(If in Boltimar	e City, give e	(oct locotion)	1-	03
巴	UTING CAL	USE OF DEATH.		house		2nd f1. a			t Stre		
Σ	OF INJURY	Month) (Doy) (Yes	or) (Hou	22E.INJURY OCCURRE	D OT MANY E	22F. HOW DID IN	JURY OCCU	IR?			
		5-29-69 2:2	0 A.	m. WHILE AT N	OT WHILE X	Stabbed d	uring a	alterca	tion		1-1
	23.		г	э. п		1.1.		1 .1 .			
			Inquiry L		Autopsy X	and that on the					
	result	ed from: Natural co	uses	Accident Sui	ide H		Undetermin	ned manner			
	ACTUAL	Cha.	1	1:4		CHIEF MEDICAL I		[759]		DATE SIC	SNED
	SIGNATU	JRE COUNTY	1000	1 you	٦.٠.	ISTANT MEDICAL I		X			
	EXAMINE NAME (T	Guartes	S. S	pringate, M.D.	ASS	OCIATE MEDICAL E			May 2	9, 19	69
	A. BURIAL CREM		./	24C. NAME of CEMETER	Y or CREMAT	ORY 24D.	LOCATION	(City, to	y ar caunty) (S	tote)
KE	MOVAL) (Specif	116 XIIII	4/69	Dulling	14 11	14/12m	5.	5017	redri	ik. C	104
25	A. DATE REC'D	BY HEALTH DEPT.	/258. N	AME OF REGISTRAR	ZSC.	FUNERAL DIRECT	08	1 17	ADDRESS	0	,
		JUN 2 1969		BE. Faber, M.D	10	14.1.0, \$	16	11	nan	10	Pis
H		TUN Z. IMPA	11000	no c' dancer L'es		MAIUI 11	0111112	MICILIE	メリノノ	au	CHO JI

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VS 150-REV. 1/1/68



MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. BIRTH NO 1. NAME OF DECEASED 2. DATE Known 🔽 Month Dov Year Hour (Type or Print) OF Estimoted 6 69 1:35 ам JAMES LITTLE DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE Month Day Year Hour PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET :35 1969 HOSPITAL ADDRESS OR LOCATION) June a OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY 430 E. Lanvale St. Maryland 6. SEX C. CITY OR TOWN D. INSIDE CITY LIMITS' MARRIED NEVER MARRIED WIDOWED DIVORCED Balto. Male Colored YES NO 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER last birthday) 1430 E. Lanvale St. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME dane during most of warking life eyen if retired) ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT SOCIAL (Yes, ng or unknown) (If yes, give wor or dates of service) SECURITY NO. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Arteriosclerotic cardiovascular disease DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)___ NO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) S 22A 22B. PLACE OF INJURY (e.g., in ar about) 22C. WHERE DID (If in Baltimore City, give exact location) home, farm, factory, street, office bldg., etc.) INJURY OCCUR? **EXTERNAL CAUSE WAS** UNDERLYING TOR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? (Year) OF INJURY WHILE AT NOT WHILE (APPROX.) WORK AT WORK 23. I certify that I held an Inquiry Inspection XX Autopsy and that an this basis, death in my apinion resulted from Natural causes XX Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER XX SIGNATURE EXAMINER'S ASSOCIATE MEDICAL EXAMINER Edward F. Wilson, M.D. NAME (Type) June 1, 1969 24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State) REMOVAL (Specify)

25C. FUNERAL DIRECTOR

25B. NAME OF REGISTRAR

VS 151-REV. 1/1/68

emoral

25 A DATE REC'D BY HEALTH DEPT.

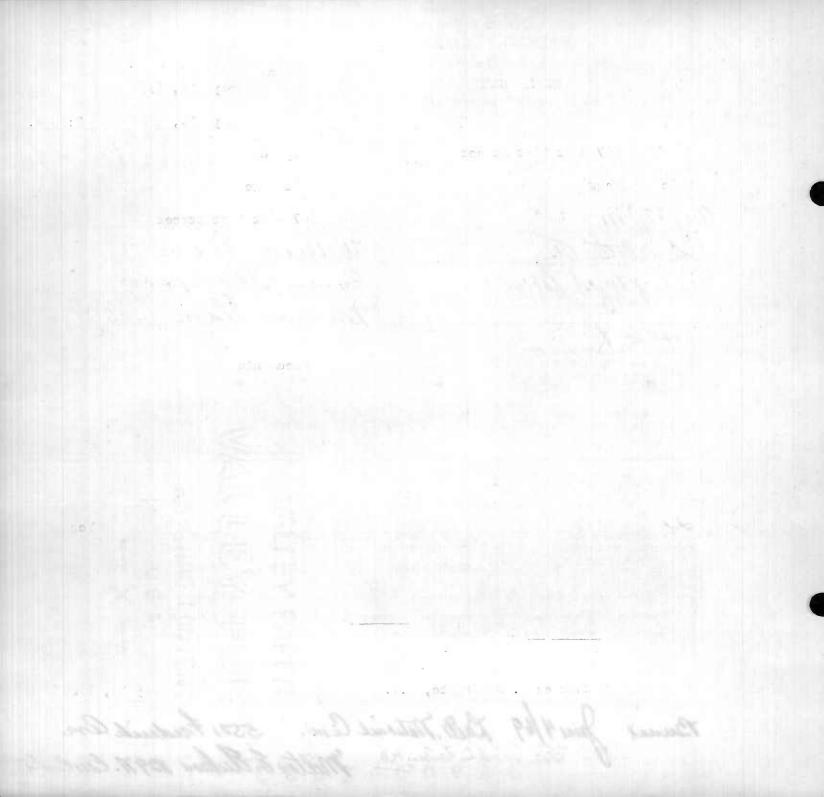
Windowskin M. Carollin Bruke Elekon 1129 M. Carles S. E 450

69 5562 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

69	5562

BIR	TH NO.									REG. I	VO			
	NAME OF DECE	ASED	DED	~ .			2. DATE	Known 🔼	Month	Doy	Y	еог	Hour	
TERCI ELAPI						OF DEATH	Estimated 🗌	May	29,	1969			М.	
4.	PLACE IN BALTI						3. DATE	INICED DEAD	Month	Day	Y	ear	Hour	
	L NAME OF	(IF NO	T IN HOSPITA	AL OR INS TION)	MOITUTIT	I, GIVE STREET	PRONOC	INCED DEAD	May	29,	1969	1	2:30) A.M.
ORINSTITUTION 347 East 21st Street							ESIDENCE (Where	dece osed li			ence bel	fore odmis		
	00	347	East 2	1st S	tree	t	A. STATE	Maryland		B. COUN	IY	12	- 11	4
6. :	SEX	. RACE		8. MARI	RIED 🗌	NEVER MARRIED	C. CITY OR			D. INSID	E CITY LIN	ITS?	150	
	Male	Negr	0	WIDO		DIVORCED [Baltimore	e		YES X	N	0 🗆	
9. [ATE OF BIRTH		10. AGE (In			er 1 Yr. If Under 24 Hrs.	E. STREET A	ND NUMBER			125		0 2	
1	11127	1991	last birthda	γ)	Manths	Days Haurs Min.		347 East	21st	Stree	t			
11.	BIRTHPLACE (SIC	ite ar foreig			12. CIT	IZEN OF	13. FATHER		2100	1		-		
1	19	151/2	TIL		WH	IAT COUNTRY?	711,	Muns	41	unn	1)			
14A	USUAL OCCUP	ATION (Give	e kind of work	148. KINI	OF BU	SINESS OR INDUSTR	15. MOTHE	R'S MAIDEN NAM	NE/	wy				
don	during most of wa	rking life, ev	en ifretired)	O and)		61	110. 17	her	1101	1 an	1		
16	WAS DECEASED		ILS ARMET	FORCE	52 11	7. SOCIAL	18. INFORM	MANT	000	290	ADDRES	SS		
(Ye	, no ar unkno√n) (If yes give v	vor or dotes	of service)	SECURITY NO.	en.	2 22 1	9//		211-	, 6.	0,51	St
-	19.	- 17				CAUSE OF DEA	TU	nonce	ua	m	341	APPR	OXIMATE IN	TERVAL
	486	2 X1				CAUSE OF DEA	III.						N ONSET A	
			ITION DIRE	CTLY										
	(This daes nat	EADING TO		ina a a		(A)IMMEDIATE	AUSE	Pneumon	ia				~~~~	
	heort foilure, o	sthenio, etc	. It meons the	diseose,		DUE TO, OR	AS A CONSEQ	UENCE OF:						
	injury or camp	niconan whi	in coused dec	om.)										
١.,	AN'	TECEDENT	CAUSES			(8)							*********	
	DISEASES OF	AROVE CA	ONS, IF ANY	, GIVING		DUE TO, OR	AS A CONSE	QUENCE OF:						
7	UNDERLYING	CONDITI	ON LAST.	IIIVO IIIL		(c)								
CERTIFICATION			11			(),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
X	OTHER SIGNII	FICANT CON	IDITIONS CO	ONTRIBU	TING							1		
프	TO THE DEAT													
FR	20A. DATE OF	OPERATION	1 20B. COI	NOITION	FOR W	HICH OPERATION W	AS PERFORM	ED			21. /	AUTOP:	SY? (Yes	r Na)
	2												Yes	
\ V V		AL CAUSE			22B. PL	ACE OF INJURY(e.g.,	in ar obout 2	2C. WHERE DID (lf in Boltimo	re City, giv	e exoct loco		200	
EDIC	UNDERLYING [UTING CAU				home, t	orm, foctory, street, offic	e bldg., etc.) II	NJURY OCCUR?						
Σ	22D. TIME (N		oy) (Yeor) (Hou	r) 22E	INJURY OCCURRED	2	2F. HOW DID IN	URY OCC	UR?				
	OF INJURY (APPROX.)						WHILE							
	23.				m. WO	AI V	VORK LI							
	I certif	y that I h	eld an 1	nquiry [nspection Au	tapsy X	and that on th	nis basis,	death in	my apini	ion		
	resulte	d fram: N	latural cau	ses X	Ace	ident Suici	de Ho	micide 🔲 U	Undetermi	ned mann	ner 🗌			
Н		0	1	0	. 1	1.		CHIEF MEDICAL E	XAMINER					
	ACTUAL	(')	un 1	1.1.	d	- sit		STANT MEDICAL E		X		D	ATE SIGI	NED
	SIGNATUI	DI C	200) 0	-	M.E),	CIATE MEDICAL E						
	EXAMINE NAME (Ty		Charle	s S.	Spri	ngate, M.D.	ASSC	CIATE MEDICAL E	AAMIINEK		May !	29,	1969	
	A. BURIAL CREM	ATION,	MB. DATE	1	24C.	NAME of CEMETERY	ar CREMATO	DRY 24D. I	LOCATION	(City,	town, ar c	ounty)	(Sto	te)
KE	MOVAL (Specify	0	HIAA H	169	70	wast Mitie	41.6	ull.	5-671	Fa.	1	16	se	
25	A. DATE REC'D B	HEALTA	DEPT	25B-1	JAME C	F REGISTRAR	25C.	FUNERAL DIRECTO	OR -	ITLE	ADDRE	SS	10	
		JUN	2 196	9 0%	Bert	E. Jaber M.	9	nTL &	4	1	1/4/1 3	1 1	2. 1	ni ST
				0	in	9-1-6	2	tollen 600	Mefe	Best 1	129/1	1. 4	lyte	M AN
VS	151-REV. 1/1/68			(g)	Lot		and the	2 2 3						V



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

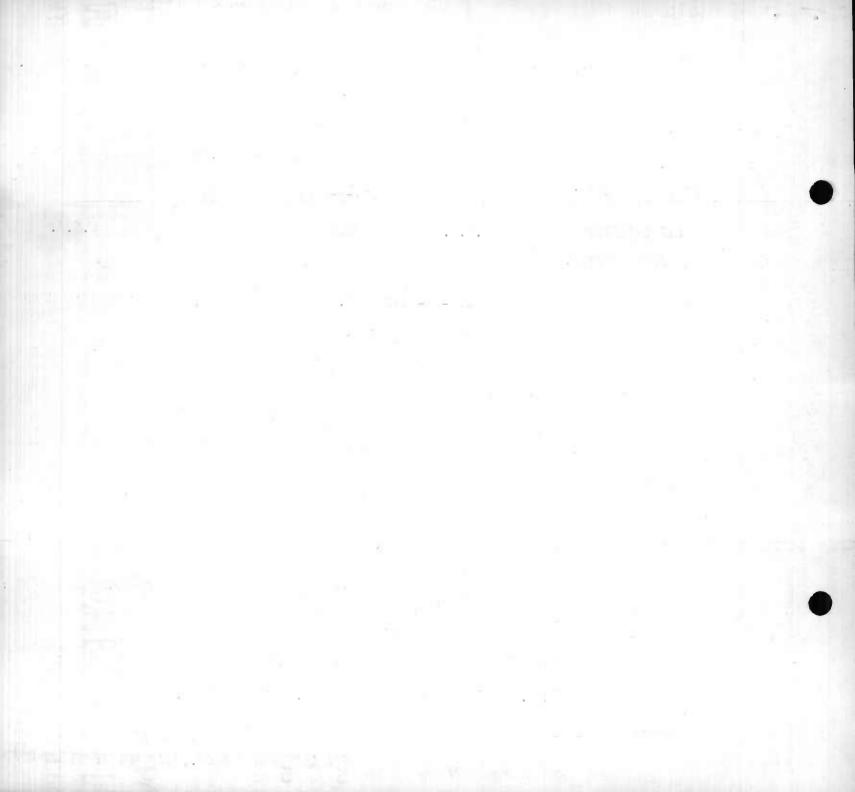


1-56-		056	4.00	TE OF DEATH	REG. NO	69 5564
NAME OF DEC	TIMORE MARYLAND, W	* 1	IM RPS	5: 3	S P.M. May	27 1969 5:35. p.
FULL NAME OF HOSPITAL OR NSTITUTION		AL OR INSTITU	JTION, GIVE STREET	MARYLAND C. CITY OR TOWN	NTY	27-98 DE CITY LIMITS?
	ORE CITY HOSP	TTALS		BALT IMORE E. STREET AND NUMBER		YES NO
	STERN AVE	21224	P	3503 SPAULDI	NG AVE.	
FEMALE	6. RACE WHITE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	10-15-37	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
	PATION (Give kind of working life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNT
HOUSEW	IFE	AT	НОМЕ	WAL BALTIMO	RE, MARYLAND	U.S.A.
	SEPH HOLEMAN			BESSIE WO		
NO Deceased (es, no or unknown)	Ever in U. S. Armed For (If yes, give wor or dole	rces? es of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT MR. AVRUM TAMRE XBOXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	S 3503 SPAUL	LDING XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
OTHER SIGNIF	abave cause (A) CONDITION last. II CANT CONDITIONS CO BUT NOT RELATED TO TONDITION GIVEN IN PAR	NTRIBUTING HE TERMINAL	(c) COLL RESOLVI	AGEN VASCULAR	SEPTICEMIA	2 weeks
19A.DATE OF		DITION FOR V	VHICH OPERATION	NO NO	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBU	TING CAUSE OF	21 B. hom etc.)	e, form, foctory, street, o	n or obout 21C. WHERE DID iffice bldg., INJURY OCCUR?	(If In Boltimore	City, give exoct locotion
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeot)		INJURY OCCURRED Not While At Work		JURY OCCUR?	- 86 .C
that (we)	that Mthis haspital	ed alive an	May 27		hat in (my) (day Z (1967)
23A. SIGNATU	John S.	Jount	Atte GEGREE Phy		Shaff Phys.	23B. DATE SIGNED May 27, 1969
NAME (T)	JOHN E, YO	UNIT	GEGREE	^{23D.} BATTIMORE CI 4940 EASTERN		RE ,MARYLAND
REMOVAL (S	AATION, 24B. DATE	24C. NA	ME of CEMETERY OF CR			, town, or county) (State
BURIAL	5-28-69 BY HEALTH DEPT.	BET 25B NAME O	H YEHUDA ANSH	DEC FILMERAL DIRECTO	LTIMORE, MARY	LAND REISTERSTOWN RO

11 -8 -61 -5 Total and the control of the second control of the Kronn Lastren Wilson Schille Harte oh of the May 1

FUNERAL DIRECTOR: IMPORTANT

R.S.				Y HEALTH DEPARTME		69 5565
BIRTH NO.	3 69	556	5 CERTIFICA	ATE OF DEAT	TH REG. NO	03 3363
1. NAME OF DE	CEASED			2. DA	ATE AND HOUR OF DEAT	н
Type or rnnn	DAVID BOMS	TEIN			Y 26, 1969	10:55 P.A
3. PLACE IN BA	LTIMORE, MARYLAND, V	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE	E (Where deceased lived, If COUNTY	institution: residence before admission
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	MARYLAND	Baltoca	53 /1/
HOSPITAL OR	ADDRESS OR LOC	ATION)		C. CITY OR TOWN		ISIDE CITY LIMITS?
SINAI H	ACDITAL			BALTIMORE		YES NO
STINKI II	USTITAL			E. STREET AND NUM		
40	1				PENVIEW ROAD	
SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. II Under 24 Hrs Months Doys Hours Min.
MALE	WHITE	WIDOWED		9-5-1904	64	
	CUPATION (Give kind of wor I working life, even if retired)	KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTR
SELF E	MPLOYED	C	?P.A.	RUSSIA		u.s.A.
3. FATHER'S NA	ME			14. MOTHER'S MAIDE	NAME	
ABRAHA	M BOMSTEIN			SARAH	LOKOM	
5. Was Deceose	d Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
NO	n) (If yes, give wor or dot	es of servicel	SECURITY NO.	MPS DARATHI	ROMOTETAL 2E1	11 GARDENVIEW ROAD
1B. / /	- 7		212-05-7883 CAUSE OF DEAT		DUNDILIN, JJI	APPROXIMATE INTERVAL
OTHER SIGNI	ne abave cause (A) G CONDITION last. II FICANT CONDITIONS CO. JIH BUT NOT RELATED TO TO CONDITION GIVEN IN PAI	NTRIBUTING	(c)			
		DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes	or No. 20B. IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING L UTING CAUSE OF y medicol exominer	218 hometc.	R. PLACE OF INJURY (e.g., ne. form, foctory, street, (in or obout 21C. WHERE INJURY OCC	DID (If in Boltim	ore City, give exoct location)
21 D. TIME	(Month) (Doy) (Year)		INJURY OCCURRED		ID INJURY OCCUR?	
OF INJURY		Wh	nile At Not Whi	le 🔲		1
22. 1 cartify	y that (1) (this haspita			1966	10 +	5/26 1969
) last saw the decease		The	1969	19ta	plnian death occurred an the da
			I) (W-) (1:1) (1:1			billion again occurred an the da
23A. SIGNAT		red above. (I) (We) (did) (did not)	view the bady after d	eath.	23B. DATE SIGNED
	Mueto	1121	I Dh.	ending Med.	Staff Dhue	5/27/69
23C. PHYSICI.			DEGREE Phy	ys. Director	Phys.	1///
NAME	Tunel	B. KIRS	H		ORTHERN PKWY.	
4A. BURIAL CRI	EMATION, 248. DATE (Specify)	24C. N	AME of CEMETERY of CR	EMATORY	24D. LOCATION (City, town, or county) (State)
BURIA		BET	H TFILOH		BALTIMORE, MA	RYLAND
5A. DATE REC'I	BY HEALTH DEPT.		OF REGISTRAR	SOL LEVINS		10 REISTERSTOWN ROA
	JUN 3 1959	Walter	E. Garber 160	555	6	



FUNERAL DIRECTOR: IMPORTANT

	NAME OF DECEAS		. 12 -		2. DATE AN	ID HOUR OF DEATH	
_			1 1705		MA	4 26,1	1969 2:20 P
3.	PLACE IN BALTIM	ORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (When	o decoosed lived, if in	stitution; residence before admiss
H	LL NAME OF	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	MARYLAND &	al To O	53.00
IN	NOTUTE				C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
1	SINAI	HOSP. OF	BALTIN	1.11 E	BALTIMORE E. STREET AND NUMBER	6940 BRO	YES NO
					TOWK XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	CHAXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX
5. 5		ACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Doys Hours Mir
10.4	FEMALE	WHITE	WIDOWED		1/10/00000	619	Miles Doys
don	e during most of worki	ng life, even if refired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or forci	•	12. CITIZEN OF WHAT COUN
10	HOUSEW	IFE	AT	HOME	Juss14	•	U.S.
13.	FATHER'S NAME				14. MOTHER'S MAIDEN NAM		
		D KADISH			ROSALIE	?	
Yo:	Wos Decoosed Ever sono or unknown) (If y	r in U. S. Armed Fore	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO L					NER, 3313 TE	ERRAPIN ROAD #212
н	18. 209	XI		CAUSE OF DEATH	1		APPROXIMATE INTERVA
i	DISEAȘE O	R CONDITION DIR	ECTLY		ACUTE LE	LIKEMIA	about on
	(This does not n	nean the made of	dying, e.g.,	DUE TO, OR AS	SE A CONSEQUENCE OF:		monde
	injury or complice	plian which caused	death.)				2
	ANT	ECEDENT CAUSES		(B) MYE	LOID METAI	PLASIA	i dis .
	DISEASES OF	CONDITIONS, il	ony, giving	DUE TO, OR AS	A CONCEOUENCE OF		
	rise to the of	have source (A)	eletion the		A CONSEQUENCE OF:		
	rise to the all	bove cause (A)	sloting the	(c)	~ CONSEQUENCE OF:		
z	rise to the all	bove cause (A) ONDITION last.			***************************************		
TION	other SIGNIFICAN TO THE DEATH BU	bove cause (A) ONDITION last. II ONDITIONS CONTINUES CONTINUES TO THE	NTRIBUTING IE TERMINAL	(c)	***************************************	***************************************	? yo.
FICATION	rise to the all UNDERLYING CO	bove cause (A) DNDITION last. II CONDITIONS CONT NOT RELATED TO THE TITION PARTIES FOR THE PARTIES FOR THE PARTIES TO THE PAR	VIRIBUTING IE TERMINAL I 1 (A). DITION FOR W	ASC		208. IF YES, WERE F	? ys.
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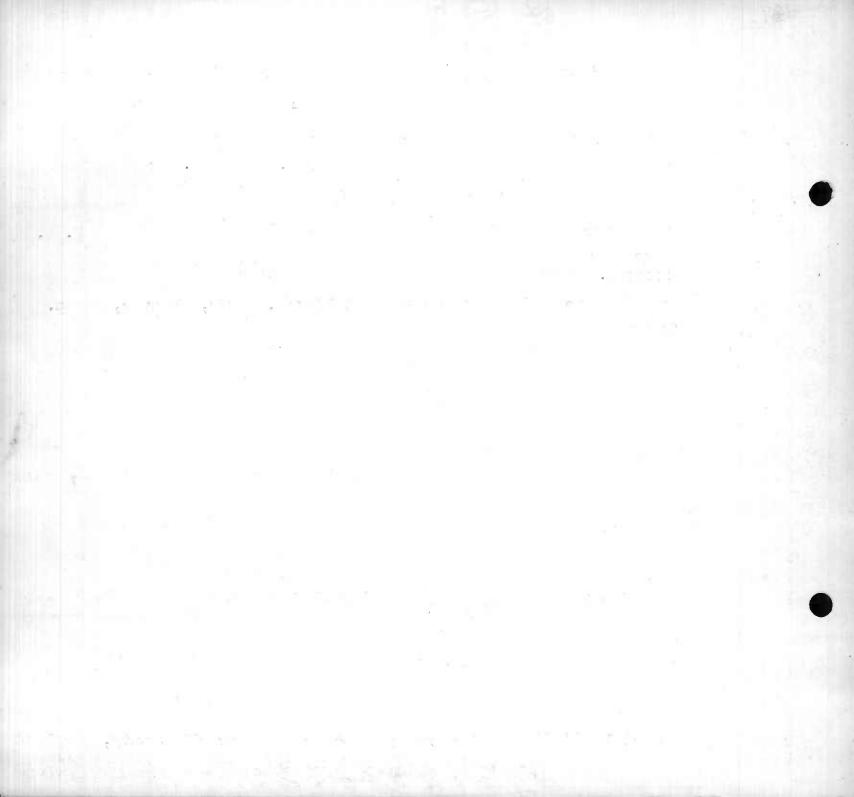
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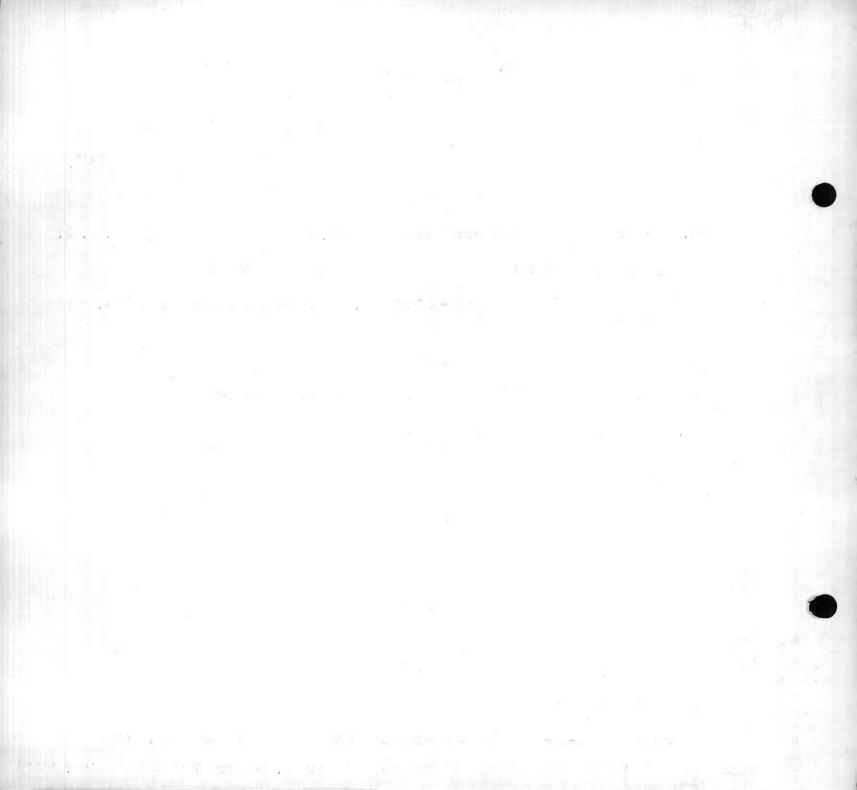
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Type or Print)				1
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S. FEACE IN BALLIMORS, WARLAND, WHERE FROM	DONCED DEAD	A. STATE B. COUR	NTY	11 10
FULL NAME OF (IF NOT IN HOSPITAL OR INSTI	TUTION, GIVE STREET	Maryland		1000
OSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
Harbor View Nursing Home		Baltimore #	21218	YES Y
The box view was billed mount		E. STREET AND NUMBER		
an		2930 N. Cal	ment St	
SEX 6. RACE 7. MARDRIET	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hr Months: Doys Hours Min.
	= =	0 4 0 401	lost birthdoy)	Months Doys Hours Min.
F White WIDOWE		8/18/84	84	
DA, USUAL OCCUPATION (Give kind of work 108, KIND (one during most of working life, even if retired)	DE BOSINESS OK INDOSIKI	11. BIRTHPLACE (Stote or fore	eign country)	12. CITIZEN OF WHAT COUNTE
	home	Marvlan	· a	U. S.
FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	0.00
Philip				3-
Wos Deceosed Ever in U. S. Armed Forces?		Jul	ia Smit	
. Was Deceased Ever in U. S. Armed Forces? es, na ar unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no no	unknown	William E. B	lakon Har	nover. Penna.
118. / /	CAUSE OF DEAT		aner, mar.	APPROXIMATE INTERVAL
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BALTIMORE CITY HEALTH DEPARTMENT



FUNERAL DIRECTOR:

	68) 55	BALTIMORE CIT	Y HEALTH DEPARTME	NT	CO FFE
BIRTH NO.		3 55'	CERTIFICA	ATE OF DEAT	H REG. NO	69 5570
1. NAME OF DEC		. KATH	RYN ANGELA	2, DA	TE AND HOUR OF DEATH	11:30 P
3. PLACE IN BAL	TIMORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE	(Where deceased lived, II i	institution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	MARYLAND)	12-02
IN SILITORION				C. CITY OR TOWN	_	SIDE CITY LIMITS?
40ST A	GNES HOSPIT	TAL		BALTIMOR		YES NO
5. SEX				3109 N C	HARLES STREE	ET 21218
	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthdey)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
FEMALE	WHITE	WIDOWED	DIVORCED _	03 10 02	6/	Min.
Ione during most of	JPATION (Give kind of work working life, even if retired)	108 KIND OF	BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTR
Н	OUSEWIFE			MARYLAN		USA
3. FATHER'S NA!	ME			14. MOTHER'S MAIDE	N NAME	
JOSEPH	SHEW			KATHRYN H	IOI MES	
5. Was Deceased	Ever in U. S. Armed For Ilf yes, give wor or date	os?	1 6. SOCIAL	17. INFORMANTA	01 360/ Edmar	D.J. ADDRESS
NO	in yes, give were of dole	a of selatori	SECURITY NO.	ATTICE PASSI	el 3004 Ednor	Rd. Balto. 21218
18.	3 0		220 12 858 CAUSE OF DEAT		HOSP. RECOF	
39	E OR CONDITION DIE	FCT! V	Systian	nia - Rust	wheel Benny	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEAS	LEADING TO DEATH	ECILY		0		
(This does n	at mean the made at	dylng, e.g.,	(A) IMMEDIATE CA	A CONSEQUENCE OF	m	***************************************
heort lailure.	asthenia, etc. It means plication which caused	the disease			al.	
	INTECEDENT CAUSES	dealist.	Rheum		uneare -	
			(B) Becci		cundilit	
rise la lhe	R CONDITIONS, if above cause (A) CONDITION last.	staling the	(c)	A CONSEQUENCE OF:		
	11					***************************************
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. OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF medical examined	218, hame eic.)	PLACE OF INJURY (e.g., o, form, foctory, street, o	n or about 21 C. WHERE D	ID (II in Boltimor	e City, give exact location)
21 D. TIME	(Month) (Doy) (Year)	(Houd 21E	INJURY OCCURRED	215 HOW DIE	NJURY OCCUR?	
OF INJURY			e Al Not Whil		MJURY OCCUR?	
		Worl	At Work			
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that X) (we)	last saw the deceased	alive on	MAY 27	19.69 on	d that In (XXX (our) onl	nian deoth accurred an the dot
and hour ond	from the couses stote	d obove. (M	(We) (dtd) XdXdXnX+)	lew the body after de	nah.	and a control of the got
23A. SIGNATUR	IE DED			700 100 2007 41101 401	41110	238, DATE SIGNED
	K KKe.	1111		nding Med.	Staff Phys.	
23C. PHYSICIAN	rs pel		DEGREE Phy	Director L 23D. ADDRESS	Phys. IAJ	05 29 69
	RODOLFO	REVILL	Α	ST AGNES HO	OSP.BALTO MD	21229
REMOVAL (S	ATION 248 DATE	24C. NA	ME of CEMETERY of CRI			ly, town, or county) (State)
Burial	5-31-69				Baltimore City	•
SA. DATE REC'D		25B. NAME OI	PEGISTRAP	25C. FUNERAL DIREC	TOP	ADDRESS
	"JUN"3""1969	Valent	E. Jaber M.D.			Wilkens Ave. 21229
S 150-REV. 1/1/6				1 2		

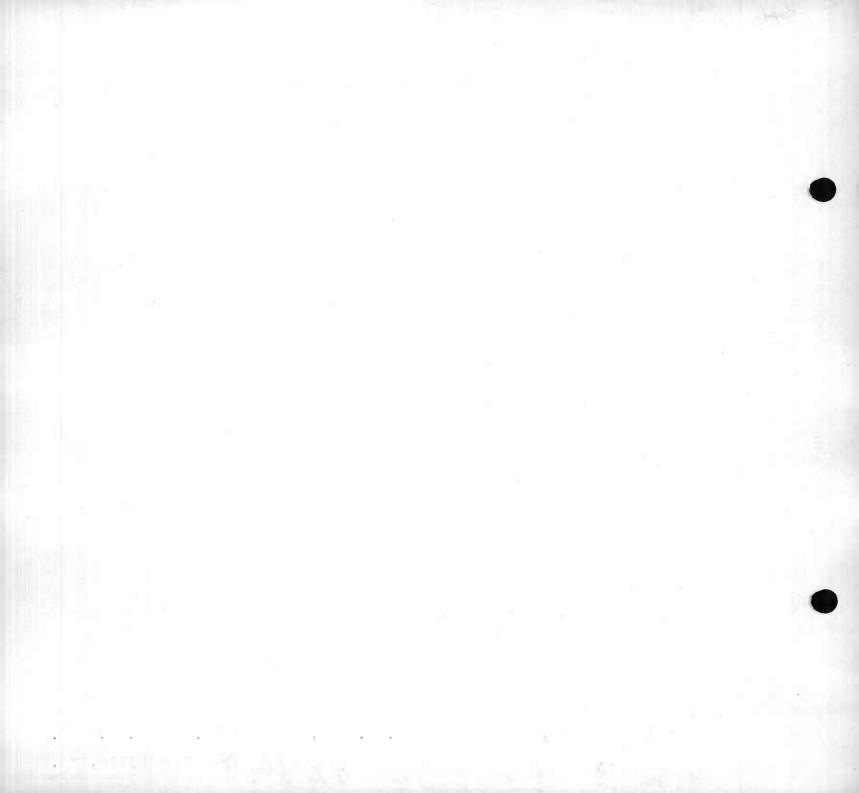
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gride, i	300	69 5572 BALTIMORE CITY HEALTH DEPARTMENT 69 5572
	sed the cch	BIRTH NO. CERTIFICATE OF DEATH
	S B S	(Type of Print)
	F d e d	LEXX, 1hE/ma Mae 5-28-69 5.85
	rred in a hospi outing cause o led cause; (5) D ar attendance prior to deat de.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, Il institution: tesidence below admission) A. STATE B. COUNTY
		FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET Md BAltimore 23-02
		D. INSIDE CITY LIMITS?
		E. STREET AND NUMBER
		43 1606 OLIVE 5+
		O. RACE O. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years 11 Under 1 Yr., 11 Under 24 Hts.
U	ontrik ermin regul	WIDOWED DIVORCED 1 7 dd - d 2
		IOA. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY?
	iti d	W. Virginia
	if dect (4) U wa the spos	13. FATHER'S NAME
누	dir dir di (4 ath on 1	John Mc Donnough GERTRUDE NElson
A	0 0 0 0	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown! (il yes, give wor or dotes al service! SECURITY NO. 17. INFORMANT
RT	S + T = E :E	no 214-18-1555 Kenneth Lett. came an 4
IMPORTA	is as any any ced nda	DISEASE OF CONDITION DISECTIVE CAUSE OF DEATH Probable AT SETWEEN ONSET AND DEATH
3	Also Also noun atte	LEADING TO DEATH
.: ::	iner o ner. A acture pronc ular a mbalm	(A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE DUE 10, OR AS A CONSEQUENCE OF:
OR	FEBE	ANTECEDENT CAUSES
5	A fred	DISEASES OR CONDITIONS, il any, giving rise la like abaye cause IAI stating the
DIRE	(3) (3) in s	inse to the above cause IA) stating the UNDERLYING CONDITION last. (C)
	dical fical rns; rsicia was main	(c)
A	B.P. Z.≯E	O THER SIGNIFICANT CONDITIONS CONTRIBUTING
NERAL		TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
Z	b chief by a n Body the F hysicic	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19A-COLDENT WAS TERFORMED 20A-BUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
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	spital ore; (whe	O DEATH inolity medical examiner)
		OF INJURY OF INJURY (Month) (Doyl (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	d con	Work Not While At Work
	the an	22. I certify that (i) (this hospital) attended the deceased from S - 10 - 19 69 to S - 28 - 19 69
	of o	that (1) (we) last saw the deceased alive an 5 - 27 - 19 69 and that in (my) (aur) apintan death occurred on the date
	ust be ap based to dent of a ospital (death); must be	and haur and from the causes stated above, (i) (We) (did) (did not) view the bady after death.
	must be eleased ccident i hospit to deat al must	23A. SIGNATURE 23B. DATE SIGNED
	E 2 2 2 4 2	Chamba Hause Attending Med. Stoff S - 28 - 69 DEGREE Phys. Director Phys. S - 28 - 69
	0 - 0 2	23C. PHYSICIAN'S NAME (Type) HAW A AROUSY Rolling Rolling Garage Tips. Phys. Director Phys. S 20 Rolling Rolling Garage Tips.
	#	24A. SUDIAL CREATION CO. DEGREE
	Pod S::	REMOVAL (Specify) 240. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stotel
	This cer the bod shows: was D.C decease	25A. DATE REC'D BY HEALTH DEPT. 25R. NAME OF REGISTRAR 25C, FUNERAL DIRECTOR ADDRESS
	E== 3 8 3	JUN 3 1969 Justile E. Falley M. D. W. C. W. 4 4 130 E, FORT QUE, 21230
	- 4	VS 150-REV. 1/1/48



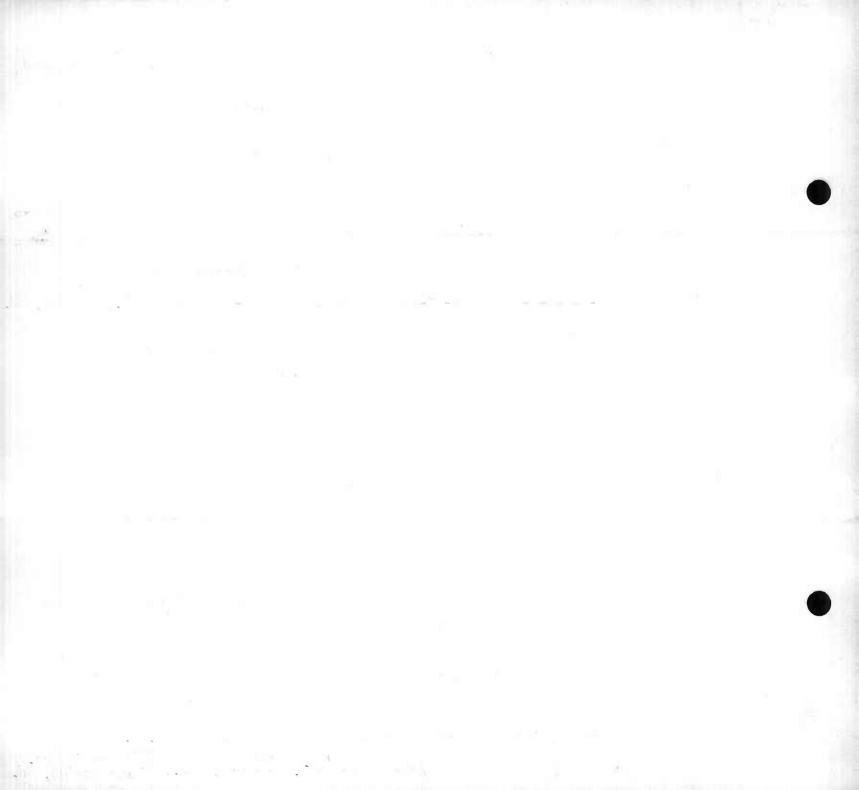
BALTIMORE CITY HEALTH DEPARTMENT



IMPORTAN DIRECTOR: FUNERAL

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) YES XX NO If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? U. S. A. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH less than l vear 20A AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exact location) 19 69 to May 25. wond that in (my) (our) opinion death occurred on the date 238. DATE SIGNED 5/26/69 3900 Lach Raven Blvd., Baltimore, Md. (City, town, or county) (Stote) ADDRESS



good of bearing 2 2 2

Emtombment 6/2/69 Iorraine Park Mausoleum Baltimore Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS

VS 150-REV. 1/1/68 UN 3 1969 DECE FOR ROAD TRONGS TO BUCK Inc. 5305 Harford Road 2121

Myora It Spetin Sille and I the change Religional Verson 6.4 the house of the of house Joseph F. E. Charles

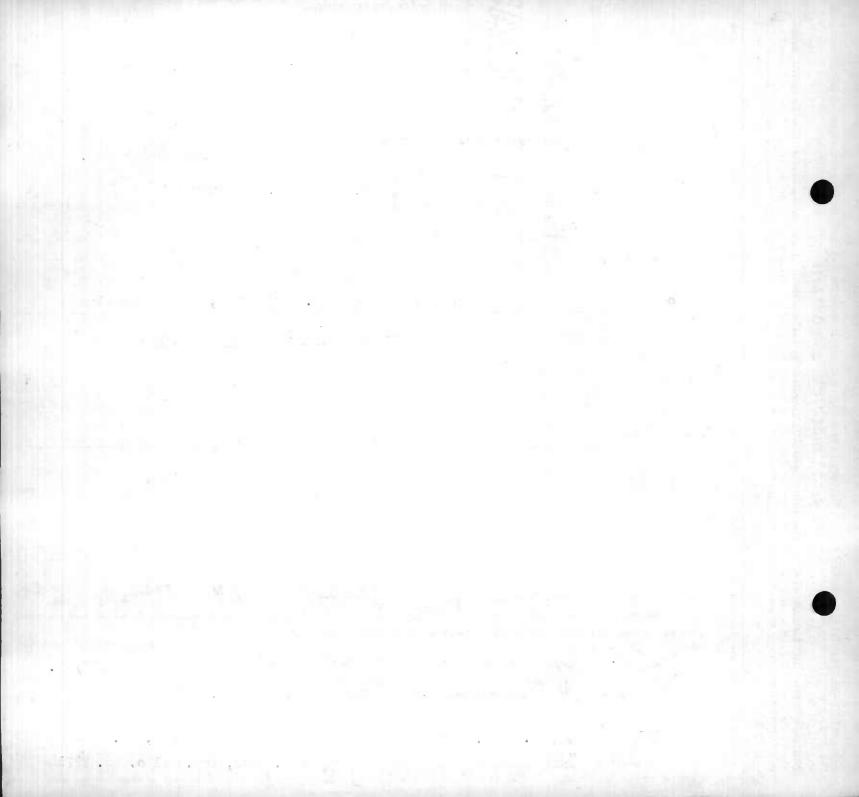
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IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/6B

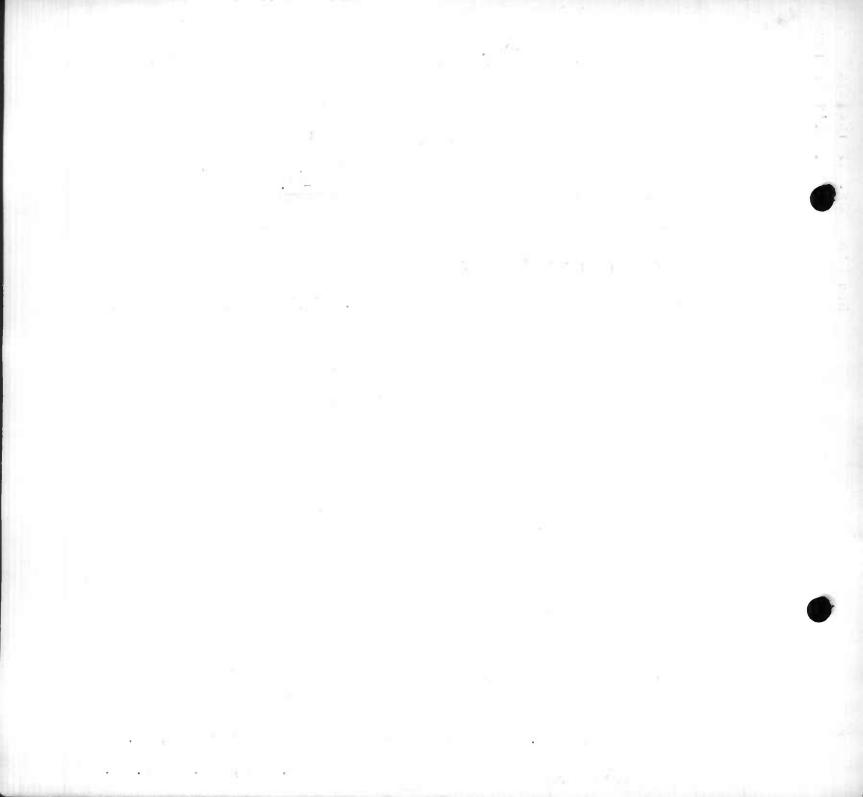
BALTIMORE CITY HEALTH DEPARTMENT



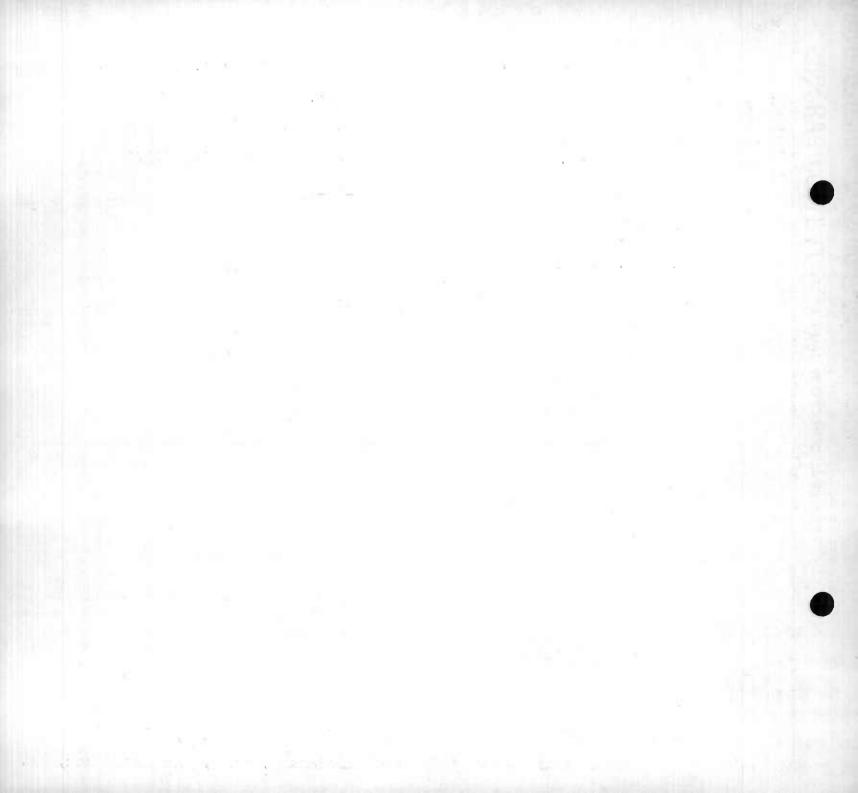
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DIRECTOR:



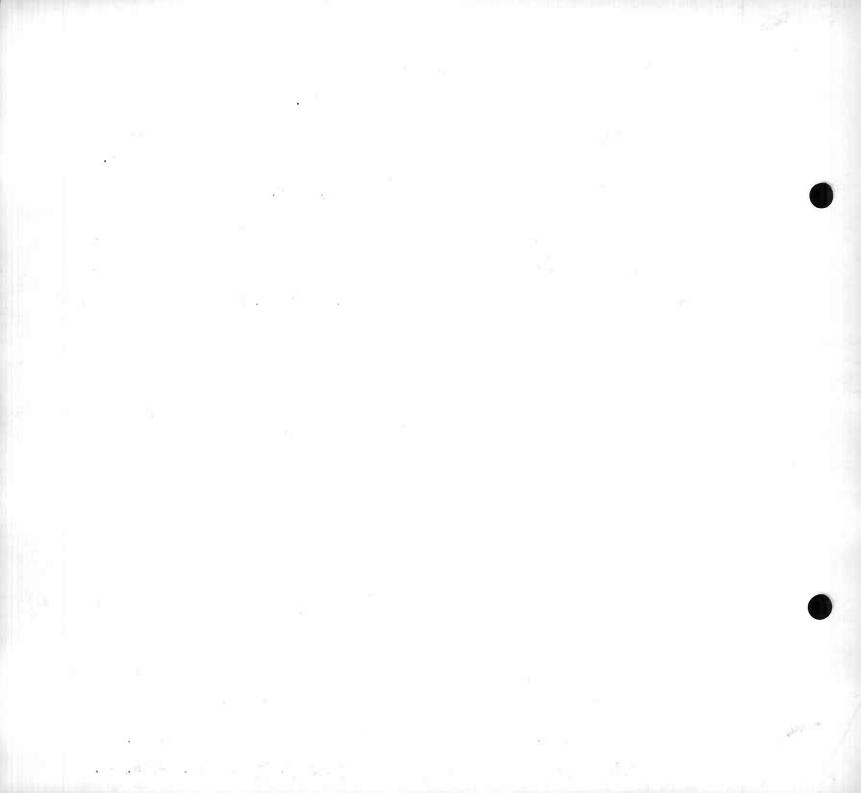
BALTIMORE CITY HEALTH DEPARTMENT	REG NO 69 5580
BIRTH NO. 69 5580 CERTIFICATE OF DEATH	REG. NO. 00 000
	U. O. DEAVI
1. NAME OF DECEASED (Type or Print) Bertha B. Daniel 2. DATE AND HO May 30,	1969 17 am M
A. STATE B. COUNTY	cosed lived. If institution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN	D. INSIDE CITY LIMITS?
Baltimore	YES NO NO
House In the Pines E. STREET AND NUMBER 1205 Glenwood	d Ave 21212
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AG	E (In years If Under 1 Yr., If Under 24 Hrs.
female white WIDOWED DIVORCED 7-23-1888	rthday) Manths Doys Hours Min.
10A-USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTMPLACE (Stote or foreign conducted during most of working life, even if retired)	entry) 12. CITIZEN OF WHAT COUNTRY?
housewife Virginia	USA
13. FATHER'S NAME	
James K. Wright Mollie Boswels	
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	ADDRESS
no 226036189a Eugene Daniel	same
IBye 2 1 0 1 1 6 0 CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
(A) IMMEDIATE CAUSE Occurs Di vertica (This does not mean the mode of dying, e.g., DUETO, OR AS A CONSEQUENCE OF:	liting 4 months
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	
injury or camplication which caused death.)	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:	
rise to the above cause (A) stating the	
UNDERLYING CONDITION last. (C)	
Z CONTROLLED CONTROLLE	
TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	490
A IDISEASE OR CONDITION GIVEN IN PART I (A).	IF YES, WERE FINDINGS CONSIDERED
198. CONDITION FOR WHICH OPERATION WAS PERFORMED WE NOT 1968 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 108. CONDITION FOR WHICH OPERATION FOR WHIC	IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?
U 21A, ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., in at about 21C, WHERE DID	(If in Baltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, factory, street, office bidg., INJURY OCCUR?	,
21D. TIME (Manth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY O	OCCUR?
OF INJURY (APPROX.) While At Not While At Work	
22. I certify that (I) (this haspital) attended the deceased from Que 29 1963	10 July 22 1969
	() () () () () () () () () ()
	(my) (our) opinian death occurred on the date
	(my) (our) opinian death occurred on the date
ond hour and from the couses stoted obove. (1) (We) (did) (did not) view the body ofter deoth.	
ond hour and from the couses stoted obove. (1) (We) (did) (did not) view the body ofter deoth. 23A. SIGNATURE	23B, DATE SIGNED
ond hour gnd from the couses stoted obove. (1) (We) (did) (did not) view the body ofter deoth. 23A. SIGNATURE Attending Med. Director Phys.	
ond hour and from the couses stoted obove. (1) (We) (did) (did not) view the body ofter deoth. 23A. SIGNATURE Attending Med. Director Phys. 23C. PHYSICIAN'S NAME (Type)	23B. DATE SIGNED
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ond hour gnd from the couses stoted obove. (1) (We) (did) (did not) view the body ofter deoth. 23A. SIGNATURE Attending Phys. 23C. PHYSICIAN'S NAME (Type) STMUEL WITTEITOUSE. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCAT	23B, DATE SIGNED
ond hour gnd from the couses stoted obove. (1) (We) (did) (did not) view the body ofter deoth. 23A. SIGNATURE Attending Med. Director Phys. 23C. PHYSICIAN'S NAME (Type) SAME (Type)	ON (City, town, or county) (Stote)



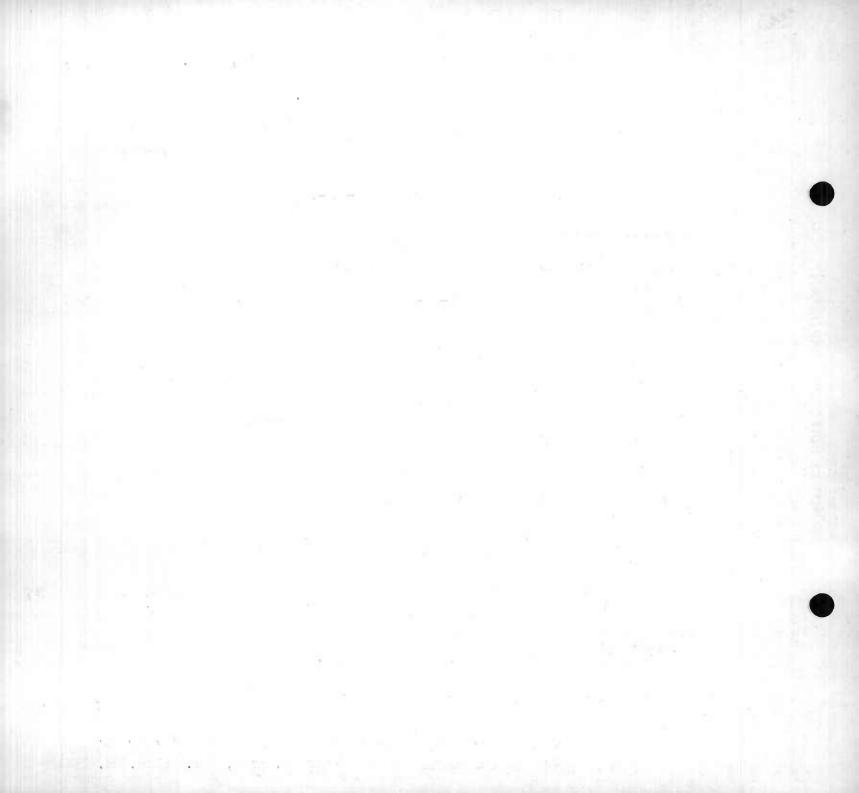
IMPORTANT

DIRECTOR:

FUNERAL



BIRTH NO.	69 58	CERTIFICA	TE OF DEATH	69 5582
1. NAME OF DECEASED (Type or Print)	Joseph	Cosimano	2. Date and Hour of Deat May 28, 1969.	10:55 p
INSTITUTION	NOT IN HOSPITAL OR IN DRESS OR LOCATION)	STITUTION, GIVE STREET	A. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY Md. C. CITY OR TOWN Baltimore	Institution: residence before admission A 1 - 0 0 ISIDE CITY LIMITS? YES NO NO
00 5411	Tramore Road		E. STREET AND NUMBER 5411 Tran	
5. SEX 6. RACE Male Whi	MAKK	IED NEVER MARRIED DIVORCED	B. DATE OF BIRTH 9. AGE (In years (ost birthday) 2-21-1873	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
done during most of working life		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) Italy	12. CITIZEN OF WHAT COUNT
Joseph (simano		14. MOTHER'S MAIDEN NAME not known	
IS. Wos Deceosed Ever in I (Yes, no or unknown) (If yes, NO	J. S. Armed Forces? give wor or dates of servi	ce) 16. SOCIAL SECURITY NO. 213-48-8289	17. INFORMANT Mrs Camille Cusimano	ADDRESS Some
injury or complication	the mode of dying, , etc. It means the dise which coused death.) DENT CAUSES	ose, (B) ke	nordging arter	an sye
injury or complication ANTECEI DISEASES OR CON rise to the obove UNDERLYING COND	, etc. It meens the dise which coused deeth.) DENT CAUSES DITIONS, if ony, gircouse (A) stoting ITION lost.	ving the (C)	a CONSEQUENCE OF: notes records desc nerdying arters	an i - 5 ze
DISEASES OR CONDISE TO THE DEATH BUT NO DISEASE OR CONDISE TO THE DEATH BUT NO DISEASE OR CONDITION	, etc. It means the dise which coused death.) DENT CAUSES DITIONS, if any, gircouse (A) stating lITION lost. ITION lost. DITIONS CONTRIBUTION RELATED TO THE TERMIN OF CONDITION FART 1 (A).	ving the (C)	A CONSTQUENCE OF: A CONSTQUENCE OF: CONSTQUENCE OF:	E FINDINGS CONSIDERED
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a hospital and

69 5583 BALTIMORE CITY	HEALTH DEPARTMENT
69 5583 CERTIFICA	TE OF DEATH REG. NO. 69 5583
BIRTH NO.	
Type or Print) HELEN M , RUTH	5-30-69 7:00 A.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admit A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
NORTH CHARLES GENERAL HOSPITAL	BALTIMOICE YES NO
BALTIMORE, Md. 21218	445 E, 25th BALTIMORE, Hd.21
6. RACE WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Hours Nonths Doys Hours Nonths Doys Hours Nonths No
OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY lope during most of working life, even if refired) RETIRED BUDK KEEPER Civil Service	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COU
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
EDWARD RUTH 5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	ANNA Gibson 17. INFORMANT
Yes, no or unknown) (If yes, give wor or dates of service) 219 01 2734	MRS. RUTH BAUER (NIECE) 2635 DRIVE. BALTO
18. A C L CAUSE OF DEATH	H APPROXIMATE INTER
DISEASE OR CONDITION DIRECTLY DERES	BETWEEN ONSET AND
LEADING TO DEATH	BRO-VASCULAR ACCIDENT 20 6 Lay
(A) IMMEDIATE CAU	JSE /
(This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease,	A CONSEQUENCE OF: TO CEREBIZA-L
injury or complication which coused death.)	THOMPLOSES
	THROMBOS/S
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:
rise to the above couse (A) stating the	PETIC MELL TUE
UNDERLYING CONDITION last.	-BETIS MELLITUS
C)	
7	ALERACIE (EUERANIE)
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	CLEROSIS, GENERALIZED
DISEASE OR CONDITION GIVEN IN PART 1 (A).	(
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
NONE WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
AL STA ACCIDENT WAS UNDERLYING TO	and the MOIC WHERE DID
U 21 A. ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., in or of orm, foctory, street, of	n or about 21C. WHERE DID (If In Baltimare City, give exact location)
DEATH (notify medical examiner)	
21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
While At Not While	
(APPROX.) 30 67 7 Work At Work	
22 1 - 15 1 - 10 (1) (1) - 1 - 12 1/2/1/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2	-711-69 10 MAY 30 16
22. I certify that (I) (this haspital) attended the deceased fram	19 to 19
that (1) (we) last saw the deceased alive an 5-30	1969 and that in(my) (aur) aplalan death accurred an the
and hour and fram the causes stated above. (1) (We) (did) (attimet) v	iew the bady after death.
23A. SIGNATURE	23B, DATE SIGNED
Λ (/ // // // // // // // // // // // //	~ ~
TILL ACIA I " I ALIVALIA I " CAV' Phos	Inding Med. Shaff Shoff Stoff
DEGREE	
NAME (Type)	23D. ADDRESS NORTH CHARLES GEN. HOSP.
AURAICA P. CIIFIIAS M-L). PAITIMATE IS WA
DEGREE	BACIMULE 18, Ma.
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CRE	EMATORY 24D. LOCATION (City, town, or county) (St
Burial 6/2/69. Oaklawn Cemeter	72 2 4 4
Burial 6/2/69. Oaklawn Cemeter	y Baltimore, Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
111N 3 1060 92 16 8 8 38 Bell MD	Leonard J. Ruck, Inc. Balto. Md. 21214
HIM A INDU TAKE B CZ VICESCE! MAN	The state of the s

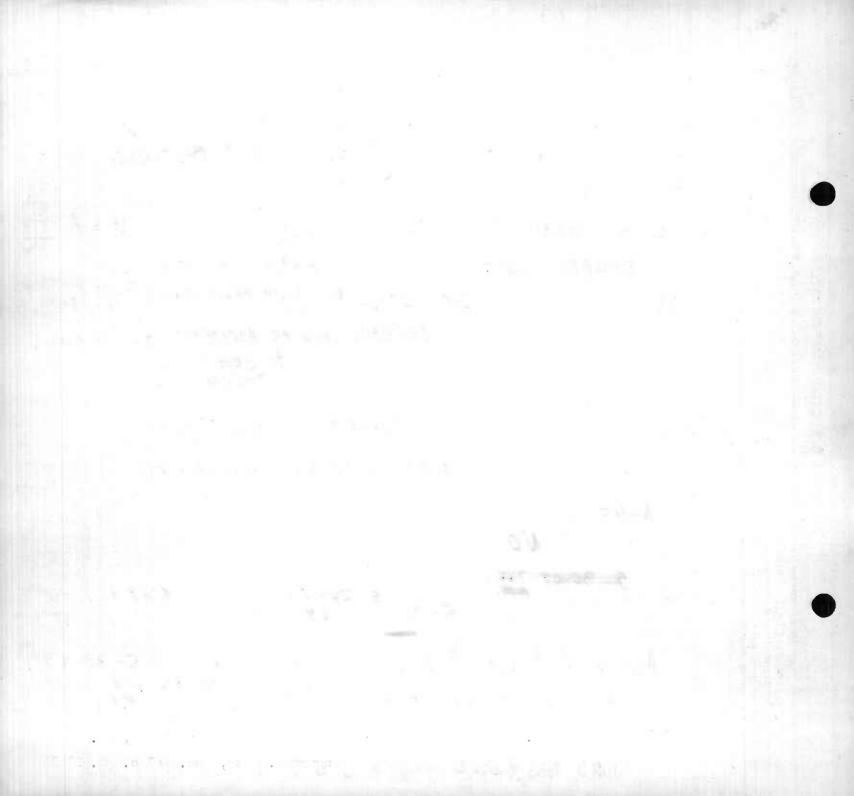
Robert D. Jaber M.D.

Leonard J. Ruck, Inc.

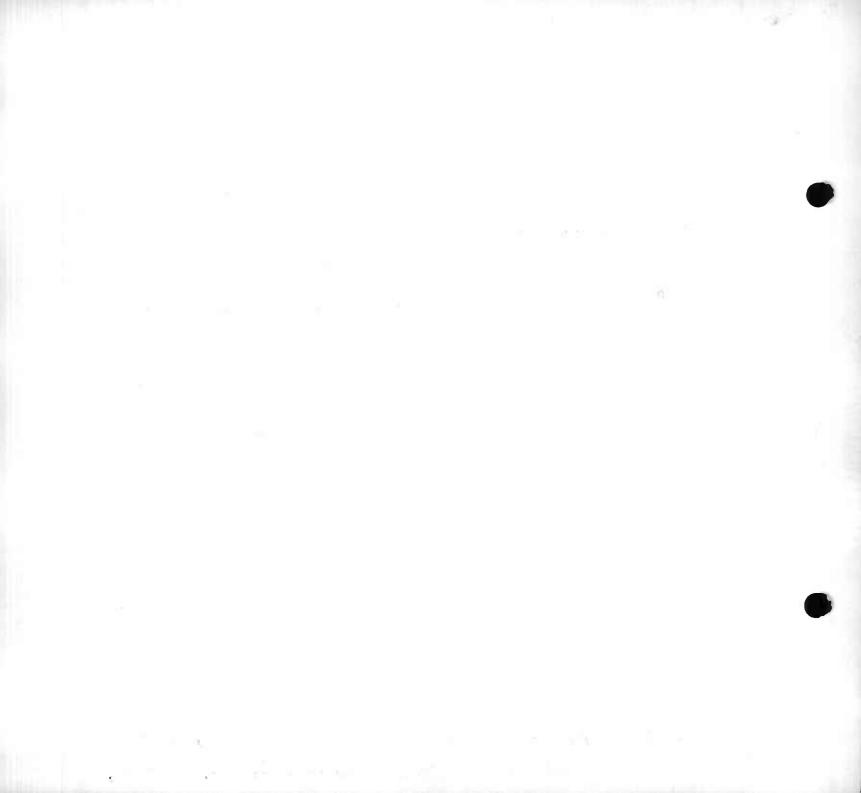
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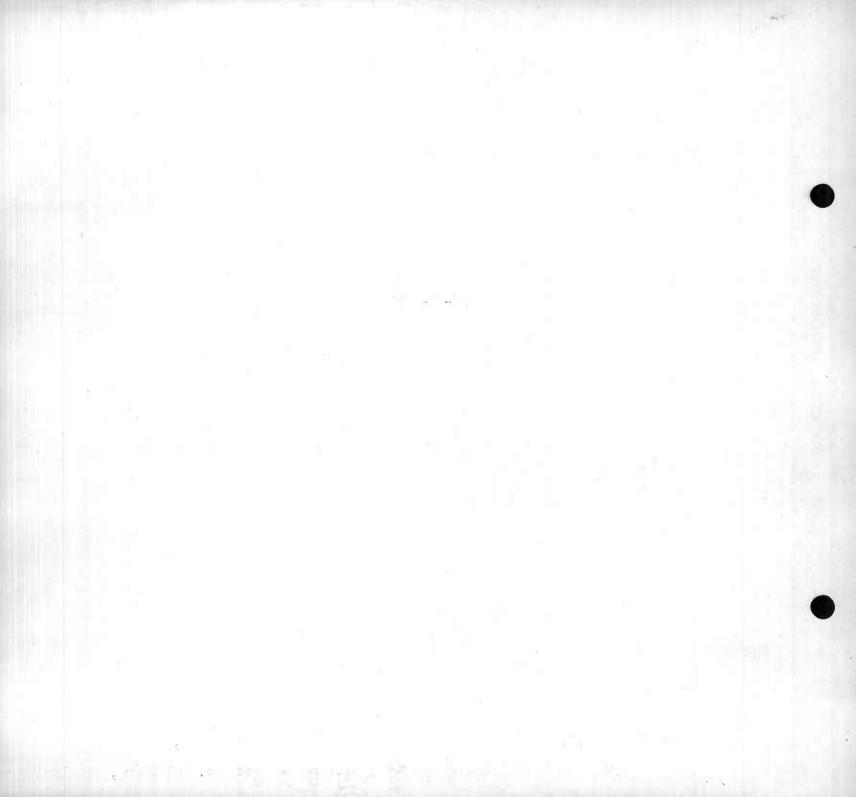
JUN 3

1969



		6	9 53	37344		TE OF DEATH	REG. NO	69 5584
	RTH NO. NAME OF DEC	EASED		CERTI	ICA		ND HOUR OF DEATH	
(T	ype or Print)	R. WALTER	-	+RANSI	_	5-2	9-69	1 8:15 P
3.	PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRON	OUNCED DEAD		A. STATE & COU	ere deceased lived. Il in	stitution: residence before admission
H	ULL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INST	ITUTION. GIVE STREE	- 11	C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
1	5 C. 44	RCH HO	HE B	ND HOST	1110	BACTIN E. STREET AND NUMBER 4119 ER	2000 000	YES NO
5	SEX	6. RACE	I -					
	4	W	WIDOWE			5-27-8/	9. AGE (In years last birthday)	If Under 1 Yi. If Under 24 Hrs Months Doys Hours Min.
00	ne anting wast at A	JPATION (Give kind of work working life, even if retired) Onductor B&O		OF BUSINESS OR IND	USTRY	1. SIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTR
	FATHER'S NAA	AF			1	4. MOTHER'S MAIDEN NA	ME	434
		PICHARL		RAPSIS	·		AUNICA BO	. 4
(16	s, no or unknown)	Ever in U. S. Armed Fore	es? s of service)			7. INFORMANT		ADDRESS
1	18. Cacuse			CAUSE OF	DEATH	Mr George W G	erlach	Same
	179	E OR CONDITION DIE	ECTLY	GAUSE OF	DEAIN	O 7 7 /		BETWEEN ONSET AND DEAT
1	I	LEADING TO DEATH		(A) IMMEDIA	TE CAUSI	GITA	leeding	7
	heart failure,	ot meen the made of asthenia, etc. It means plication which caused	the disease	0.110.70	OR AS A	CONSEQUENCE OF:	motal	rais
		NTECEDENT CAUSES		- A	Len	exalmiel C	a reinone	love
	DISEASES O	R CONDITIONS, If	iny, giving	DUE 10,	OR AS A	CONSEQUENCE OF:		***************************************
ñ.	UNDERLYING	obave cause (A) CONDITION last.	sloling the	(C)	01	CONSEQUENCE OF:	near a (Colen
_		11						
ATION	ITO THE DEATH	CANT CONDITIONS CON H BUT NOT RELATED TO TH ONDITION GIVEN IN PART	E TERMINAL	**************		***********	*************	
CERTIFICATION	19A. DATE OF	OPERATION 198 CONI	DITION FOR	WHICH OPERATION		20 A. AUTOPSY? (Yes at N	a) 208, IF YES, WERE F	INDINGS CONSIDERED JSES OF DEATH?
CAL	OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF medical examiner	21 ho	me, form, factory, str	(e.g., in a	or about 21 C. WHERE DID e bldg., INJURY OCCUR?	(II In Baltimore	e City, give exact location)
MEDI	21D. TIME OF INJURY	(Month) (Day) (Year)		E. INJURY OCCURRE	D	21F. HOW DID IN.	JURY OCCUR?	
<	(APPROX.)		W		While Work			
	22. I certify	that (1) (this haspital)	attended	the deceased fram	3	- 16	19 65 ta 5	- 29 1965
	that (1) (we)	last saw the decease	dolive on.	5-2	-9			nion death occurred on the date
	and have and	fram the causes state	ed obave.	(I) (Me) (qiq) (qiq i	not) vie	w the body ofter death.		
	23A. SIGNATUR	nestahuddo	wla	mo	Attend Phys.	ing Med. Director	Staff P	23 B. DATE SIGNED 57 29 /69
	23C. PHYSICIAN NAME (Ty	MESBAH	UD - 1	DOWLA M	D 231	CHURCH HOME		ITAL.
24/	BURIAL CREM	AATION, 248. DATE	24C. N	AME of CEMETERY	EGREE CREM	ATORY 24D. L	OCATION (Cit	y, town, or county) (State)
	Burial	6/2/69		altimore		Ba	ltimore, Mar	yland
25/		JUN 3 1969	258. NAME	OF REGISTRAN	3.0	Leonard J Ru	39	timore, Maryland
VS	150-REV. 1/1/6							



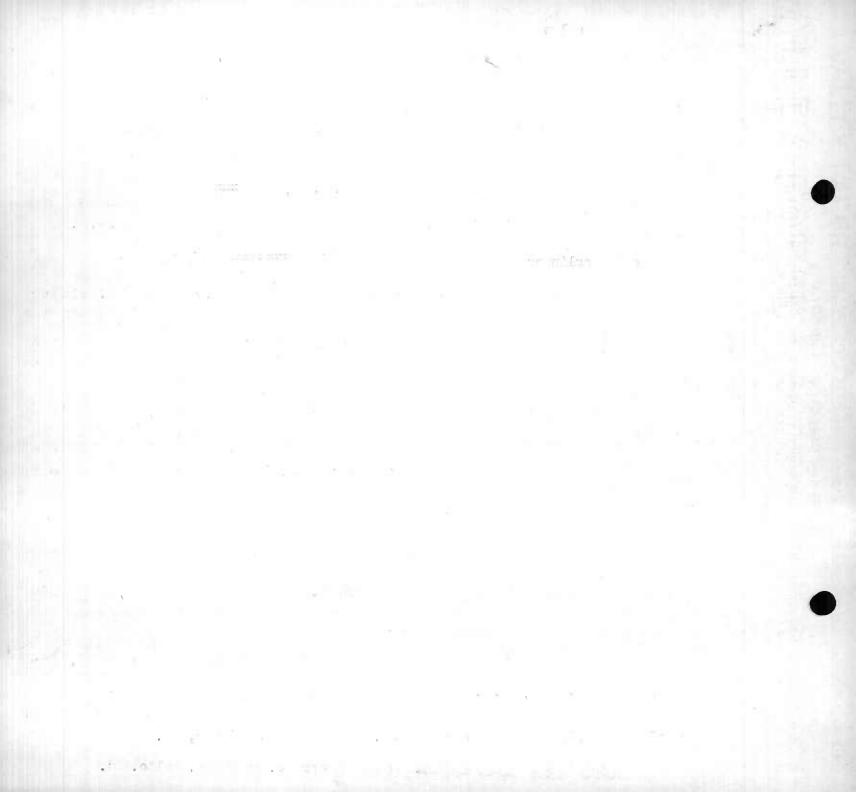


VS 150-REV. 1/1/68

Such

	CE	P- p-	BALTIMORE CITY	HEALTH DEPARTMENT		69	5586
BIRTH NO.	Roslyn	55	SE CERTIFICA	TE OF DEATH	REG. NO	00	0000
NAME OF DE	CEASED Frederick E	ssling	er	2. DATE May	AND HOUR OF DEATH		,
3. PLACE IN BA	LTIMORE, MARYLAND, V	VHERE PRON	DUNCED DEAD	4. USUAL RESIDENCE (WA. STATE B. CO		stitution: resi	dence before admission
FULL NAME OF	F (IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTI	TUTION, GIVE STREET	Maryland	Baltimore		21-02
HOSPITAL OR			-3	C. CITY OR TOWN	D. INS	IDE CITY LIM	
Good	Samaritan 1	Hospit	aı	Baltomore E. STREET AND NUMBER		YES X	No 📙
45					ll Street 2	1230	
. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Months: D	Yr. If Under 24 Hr
M	W	WIDOWE		Sept. 1, 9	4 lost bighdoy) 74		
	CUPATION (Give kind of world working lile, even if retired)	k 10B. KIND	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZE	N OF WHAT COUNTR
Brushm		Paint	Brushes	Maryland		U.	S.A.
3. FATHER'S NA	AME			14. MOTHER'S MAIDEN N	AME		
]	Louis Essli nge	er			Whaley		
5. Wos Deceose Yes no or unknow Yes	d Ever in U. S. Armed Fo	rces? es of service)	215-10-871	Tonald Essli	nger 5 Baurenwoo	od Ave	DDRESS 21234
1B.	1 2 2 3		CAUSE OF DEATI				APPROXIMATE INTERVAL
DISE	ASE OR CONDITION D			Ambonio and	Disease		3.0
	not meen the mode or		(A)IMMEDIATE CAU	SE AL CELLOSCI	erotic Hear		10 years
rise to t	OR CONDITIONS, if he abave cause (A) NG CONDITION last.		9	A CONSEQUENCE OF:			
OTHER SIGN	IFICANT CONDITIONS CO	ONTRIBUTING					3.0
	ATH BUT NOT RELATED TO CONDITION GIVEN IN PA		Cerepra	l arteriøscl	erosis		10 years
19A. DATE C		NDITION FOR REORMED	WHICH OPERATION	NO NO	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS C	ONSIDERED ATH?
OR CONTRI	ENT WAS UNDERLYING [BUTING CAUSE OF ly medical examiner)	ho	B. PLACE OF INJURY (e.g., in me, form, foctory, street, ol	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltimor	e City, give	exoct location)
21D.TIME	(Month) (Doy) (Year	(Hour) 21	E. INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?		
(APPROX.)			Thile At Not While At Work				
22 1 - 4:6	at a Walte Leader		44	arch 3.	1969 to May	v 30.	1969
	y that (1) (this haspite		the deceased from	MOOT 00 00 00 00 00 00 00 00 00 00 00 00 00			
	e) last saw the deceas				that in (Жу) (aur) api	mon aeath	accurred on the do
23A. SIGNAT		ted abave.	(∦ (We) (did) (did har	lew the bady after deat	h.	23B. DATE	SIGNED
234. 310NA	1- P. O (St	on	/\/\\\ Oh	nding Med.	Staff Phys.		30, 1969
23C. PHYSICI		n, M.I).	23D. ADDRESS	maritan Hos	spital	
24A. BURIAL CE	REMATION, 24B. DATE	24C.	DEGREE NAME of CEMETERY OF CRE	MATORY 24D	LOCATION (C	ity, town, or	county) (State)
REMOVAL	(Specify)				altimore Md		
Burial	6/3/69	Me	adowridge Mem.	rark D	altimore, Md.	•	ADDRESS

Leonard J. Ruck Inc. Balto. Md.



BALTIMORE CITY HEALTH DEPARTMENT

REG. NO.

NO T

Hours

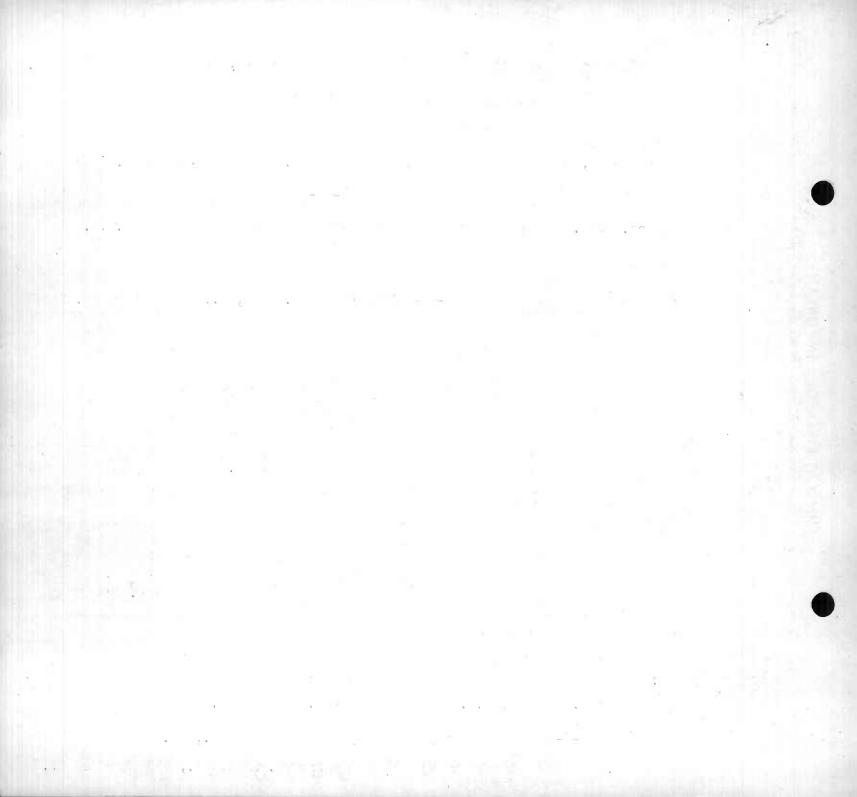
BETWEEN ONSET AND DEATH

ADDRESS

ADDRESS

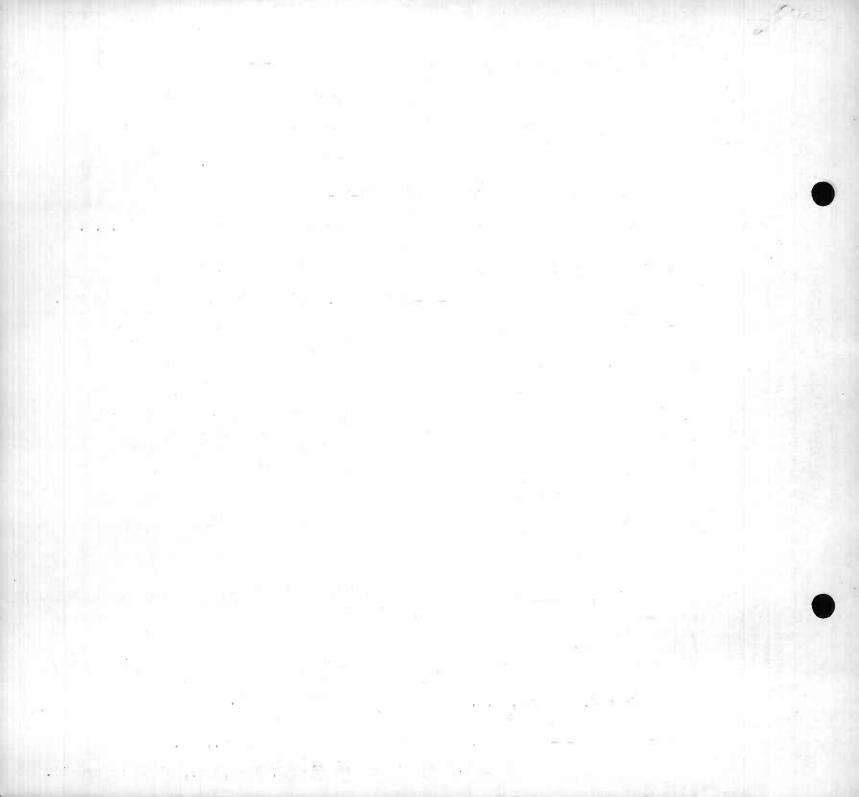
If Under 24 Hrs.

IMPORTANI DIRECTOR: FUNERAL



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	69	558	20	TE OF DEATH	REG. NO	69 5589
BIRTH NO.			CERTIFICA			
1. NAME OF DE (Type or Print)		V7-			AND HOUR OF DEAT	Н
2 81 ACE IN 87	Rose Ther					institution: residence before admission
FULL NAME O			UTION, GIVE STREET	Maryland	YTAU	27-44
Gould Convalesarium				C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
				Baltimore YES NO		
70				3108 Echod		
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF SIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
Female	Caucasian	WIDOWED		8-20-87	81	
	CUPATION (Give kind of work of working life, even if retired)	108, KIND OF	8USINESS OR INDUSTRY	11. BIRTHPLACE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNT
Housew.		30		Maryland		U.S.A.
13. FATHER'S N	AME	1		14. MOTHER'S MAIDEN	NAME	
	ey Rodowski			Theresa Fra	nciskowski	
	5. Was Deceased Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give wor or dates af service) SECURITY N			17. INFORMANT	LITTING.	ADDRESS
No			215-54-2356	Mrs. Amelia	Hartka, 3108	Echodale Ave.
DISEASES rise to the UN DERLYIN OTHER SIGN TO THE DE, DISEASE OR 19A. DATE OF CONTRIBUTION OF	not mean the mode of a position of the mode of a position of the mode of a position which caused antecedent CAUSES OR CONDITIONS, if the above cause (A) NG CONDITION lost. II IFICANT CONDITIONS CONTINUE OF OPERATION 1978. IN PART OF OPERATION 1978. CONDITION GIVEN IN PART OF OPERATION GIVEN GIVE	any, giving stating the NTRIBUTING HE TERMINAL TILL ON FORMED	(8) Hyne DUE TO, OR AS (C) And (C) And WHICH OPERATION PLACE OF INJURY (e.g., in form, foctory, street, or form, focto	A CONSEQUENCE OF: A CONSEQUENCE OF: CURLLIA	disease disease l sclerose lelli fus No) 208. IF YES, WER IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED ile At At Work		INJURY OCCUR?	
that (I) (we	y that (1) (this hospital	d alive on	May 16 fl			pinian deoth occurred on the d
AAA SIGNAT	11	ed obove. (I	i) (mer) (quas) (did not) v	riew the bady ofter deot	rn.	23B, DATE SGNED
10/11	111/1	Do		ending Med.	Staff	10/2/69
/ X	Maria -	uc	OEGREE Phy		Phys.	16/2/6/
NAME	Hans J. Koett	er. M.D		5600 Harford	Rd.	
24A. BURIAL CE	REMATION, 248. DATE		AME of CEMETERY of CRI	EMATORY 24D	LOCATION (City, town, or county) (State)
Buria		St	. Stanislaus	THE PARTY OF THE P	Balto. Md.	
	D SY HEALTH DEPT.	10	OF REGISTRAR	25C. FUNERAL DIRECT	TOR	ADDRESS
	JUN 3 1958	Upbed	Ecolarises, M.D.	Leonard J.	Ruck, Inc., 5	305 Harford Rd.



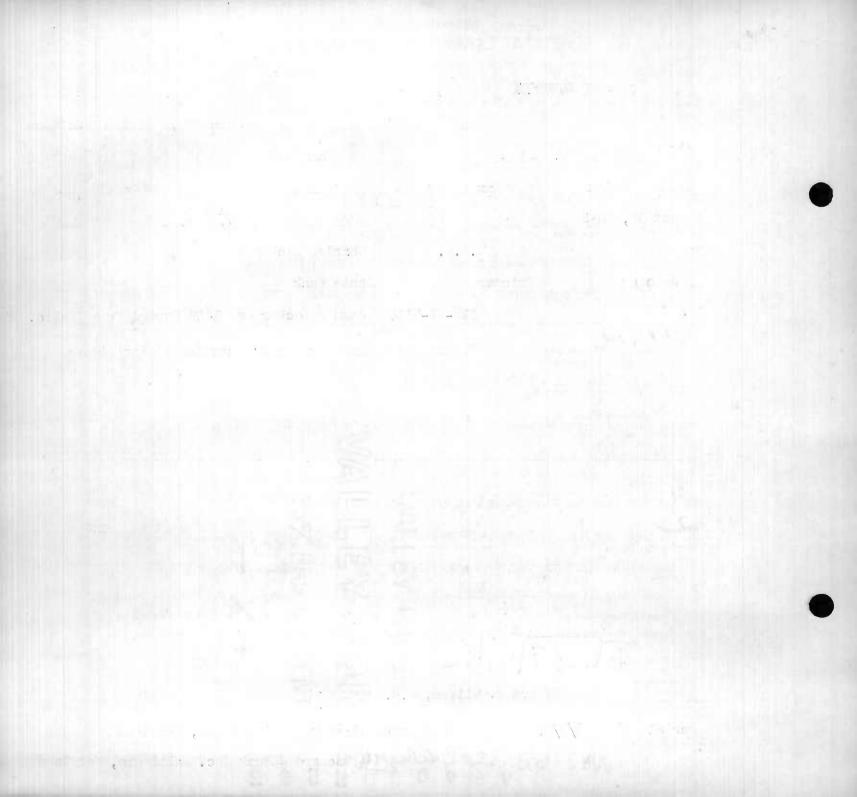
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BALTIMORE CITY HEALTH DEPARTMENT

A CONTROL OF THE RESIDENCE OF THE RESIDENCE OF THE PROPERTY OF

69 ED 5591 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	ME	DICAL	EXAMINER 5	LEKTIFI	CATEO	DEAT	REG. NO		
I. NAME OF DEC	CEASED			2. DATE	Known	Manth	Day	Year H	lour
(Type or Print)	JOHN TOOK	WWW.	LUCKER, SR.	OF	Estimoted		4		
4 PLACE IN BAI	LTIMORE, MARYLAND,			DEATH 3. DATE	Estimoted E	6 Month	Dov		4:19 a M
FULL NAME OF			TUTION, GIVE STREET		UNCED DEAD		547		
HOSPITAL OR INSTITUTION	ADDRESS OR LO	CATION)			ECIDENIOS AND	June		1969	5.10 aM
OK INSTITUTION				A. STATE	RESIDENCE (Whe	re deceosed i	B. COUNTY	: residence beto	re odmission)
00	5003 Lodesto	one Wy.			Maryland			00.	10
6. SEX	7. RACE		ED NEVER MARRIED	C. CITY OF	TOWN		D. INSIDE CI	TY LIMITS?	
Male	White	WIDOW	DIVORCED	P	alto.		Y	s 🗔 NO	
DATE OF BIRT	TH 10. AGE	(In years	If Under 1 Yr. If Under 24 Hrs.						
Angust	30, 1892 7		Months Doys Hours Min.	5000	* 1 .				
	State or fareign country	76	2. CITIZEN OF	13. FATHER	Lodestor	e Wy.	Apt. A		
			WHAT COUNTRY?						
Marylan		III III KIND			les Lucke				
	yarking life, even if retired		OF BUSINESS OR INDUSTRY	A 12. WOTHE	K'S MAIDEN NA	ME			
Inspec	tor	Prin		Annie					
6. WAS DECEAS	SED EVER IN U.S. ARM n)[(If yes, give war or date	ED FORCES	17. SOCIAL SECURITY NO.	IB. INFOR	MANT		Al	DDRESS	
No	W. You, Sive war or date		216-07-0116	John	F Lucker	Jr 1	612 Howa	rd Av e	Balto.
19. , / ,	2 3		CAUSE OF DEA					APPRO	XIMATE INTERVAL
1410	04.000		The second second second				1.		ONSET AND DEAT
/DISEAS	SE OR CONDITION DIF LEADING TO DEATH	RECTLY	Hypertensive	arter	roscreror	ic car	alovascu	lar dis	ease
(This does a	not mean the mode of	dylan e a	(A) IMMEDIATE C						
heart failure	e, asthenia, etc. It means t	the disease,	DUE TO, OR	AS A CONSEC	DENCE OF:				
injury or co	mplication which coused a	death.)			100				
Δ.	NTECEDENT CAUSES		(n)						
	OR CONDITIONS, IF A	NY, GIVING	(B) DUE TO, OR	AS A CONSE	QUENCE OF:	******			
RISE TO TH	E ABOVE CAUSE (A) ST	TATING THE							
Z	NO CONDITION LAST	•	(C)						
	II .								
OTHER SIGN TO THE DE	NIFICANT CONDITIONS ATH BUT NOT RELATED	CONTRIBUTI	NG NAL						
	R CONDITION GIVEN IN								,
20A. DATE O	F OPERATION 20B. C	ONDITION	OR WHICH OPERATION W	AS PERFOR	VED			21. AUTOPS	Y? (Yes or No)
								YE	c
22A. EXTER	RNAL CAUSE WAS	2	2B. PLACE OF INJURY (e.g.,	in or obout	22C. WHERE DID	(If in Baltima	ore City, give exc	ect locotion)	
UNDERLYING	G OR CONTRIB		name, farm, factory, street, affic	e bldg., etc.)	NJURY OCCUR?				
	(Month) (Day) (Ye	ear) (Hour	22E.INJURY OCCURRED		22F. HOW DID II	VILLEY OCC	1102		
OF INJURY	()	(11001		WHILE					
(APPROX.)				VORK					
23.			1	Trir					
	tify that I held on	Inquiry _		topsy XX	ond that on	this bosis	, deoth in my	apinton	
resul	Ited from: Natural co	nuses XX	Accident Suicle	de 📙 H	omicide 🔲	Undeterm	ined monner		
	7	71.			CHIEF MEDICAL	EXAMINER			TE CLONIED
ACTUAL		TIV	115~	ASS	ISTANT MEDICAL	EXAMINER	XX	UA	ATE SIGNED
SIGNAT			M.D						
NAME (dward I	F. Wilson, M.D.	ASS	OCIATE MEDICAL	EXAMINER		11/60	
24A. BURIAL CRE	MATION, 24B. DATE		24C. NAME of CEMETERY	or CREMAT	ORY 24D	LOCATION		/1/69 n, or county)	(Stote)
Burial	6/4/	69	Moreland Memo	rial P	ark R	altimo	re, Mary	land	
	BY HEALTH DEPT.		AME OF REGISTRAR		FUNERAL DIREC			DDRESS	
	(I IN O		Robert E. Farber						han France
	JUN 3	1909	Tooks of Jacobs	Te.	onard J R	uck in	c. parti	more, Ma	aryland
/S 1S1-REV. 1/1/6	В		5 7 0 5	0 5	5 0	4.0			



69 5592 BALTIMORE CITY HEALTH DEPARTMENT

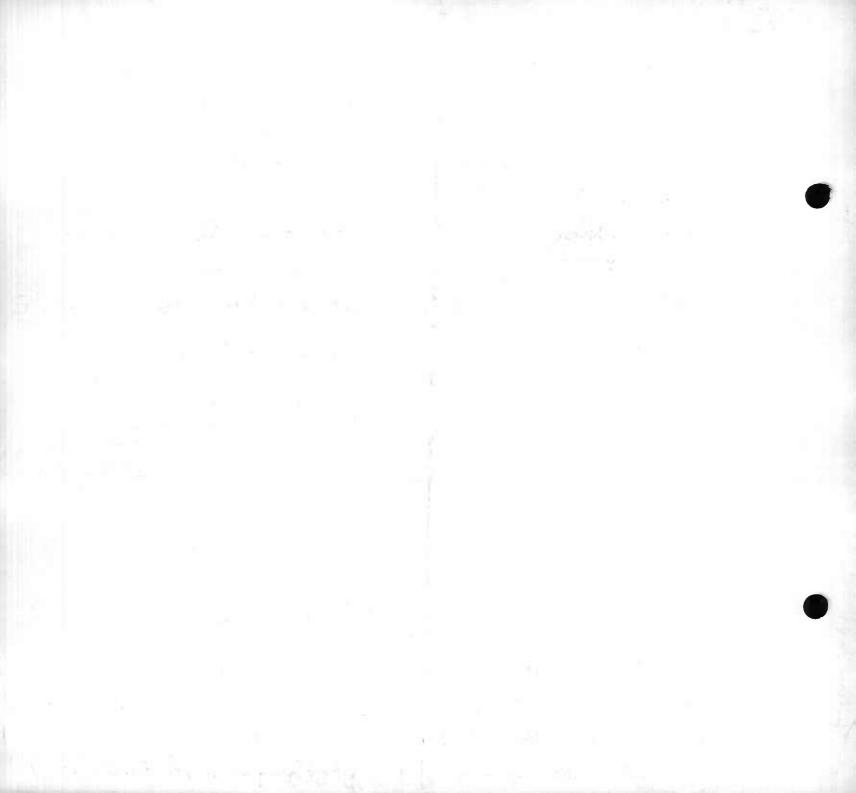
69 5592

BIRTH NO.		WED	ICAL	EX	AMINER'S	EK I IFI	CATEO	- DEAT	H REG. NO		
). NAME OF DEC	CEASED					2. DATE	Known XX	Month	Doy	Yeor	Hour
(Type or Print)	MARY	ETHE	L BRA	DY		OF DEATH	Estimoted [5	31	69	6:00 am.
4. PLACE IN BAI	LTIMORE, MA	RYLAND, V	HERE PR	ONO	UNCED DEAD	3. DATE		Month	Doy	Yeor	Hour
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NO	T IN HOSPITA	AL OR INST	ritutio	N, GIVE STREET		UNCED DEAD	May	31,	196	
Union Memorial Hospital						A. STATE		16 00000360 1	B. COUNTY	1	7 6
4 657	7. RACE	on Mem				C CITY OF	Maryland		To INCIDE 6	1	1-38
6. SEX Female				_	NEVER MARRIED	C. CITY OF			D. INSIDE C	697	
9. DATE OF BIRT	Whit	10. AGE (II	WIDOW		DIVORCED Liter 1 Yr. If Under 24 Hrs.	Bal	AND NUMBER	-	'	res K	ио Ц
	/1896	lost birthdo			s Doys Hours Min.	1905 Crestview Ave.					
11. BIRTHPLACE		gn country)	, ,	12. CI	TIZEN OF	13. FATHER'S NAME					
Maryla	nd			W.	HAT COUNTRY?	John	Datnick	Bnodar			
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY				John Patrick Brady							
done during most of working life, even if retired)											
Retir		11.6		irse			na M. Bro	derick			
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.				Edward J. Huber 7 Pheasant Dr. Elkridge Md							
					212-32-0073	Edwar	d J. Hube	r 7 Ph	easant		
19.5	2.0				CAUSE OF DEA	TH					PROXIMATE INTERVAL
DISEAS	SE OR COND	ITION DIRE	CTLY								
	LEADINGTO	DEATH			(A)IMMEDIATE C	AUSE C1	aniocere	bral in	njuries		
heart failure	not meon the e, osthenio, etc mplication whi	. It meons the	disease,		DUE TO, OR A		UENCE OF:				
DISEASES RISE TO TH UNDERLYI	OR CONDITI IE ABOVE CA NG CONDIT	ONS, IF ANY	, GIVING ING THE		(B)	AS A CONSE	QUENCE OF:		·····································		
O THE DE	NIFICANT COR ATH BUT NOT R CONDITION	RELATED TO	THE TERM	INAL							
20A. DATE O	F OPERATION	N 20B. COI	NOITION	FOR W	VHICH OPERATION WA	AS PERFOR!	MED			21. AUTO	PSY? (Yes or No)
0 0										N	0
UNDERLYING UTING CA	RNAL CAUSE G OR CON AUSE OF DEA (Month) (E	TRIB-	, 5	hom e,		WHILE CA	Drues	100	Below	ecles a	Charge of the
	tify that I h	eld an 1	nquiry [Inspection XX Au	topsy 🗌	and that an	this basis	, deoth in my	apinion	
resul	ted from: V	atorol cau	ses 🗒	Ac	cident X Suicid	le 🗌 H	amicide 🗌	Undeterm	ined manner		
ACTUAL	5	Lul	A.	1	0115	ASS	CHIEF MEDICAL				DATE SIGNED
EXAMIN	VER'S		<u> </u>		M.D	ASS	CIATE MEDICAL		iii .	v 31.	1969
24A. BURIAL CRE REMOVAL (Spec	MATION, 2	Edward 248. DATE	F. W	24C	NAME of CEMETERY	ar CREMAT	ORY 240	LOCATION		vn, or county	
		6/3	169	0	ardens of Fa	ith Ce	metery F	Baltimo	re Marv	land	
25A. DATE REC'D			1		OF REGISTRAR		FUNERAL DIREC			ADDRESS	
					- 4						
	Jan 1961	9 100		3	28 Ancho M	D. Tran	nard I I	luck In	ב בשחב	Harfa	rd Road 21
SIGNAT EXAMIN NAME (24A. BURIAL CRE REMOVAL (Spec Burial	TURE NER'S (Type) EMATION, 2 :ify)	6/3	/69		on M.D. NAME of CEMETERY Gardens of Fa	ar CREMATO	DCIATE MEDICAL DRY 24E me tery I	EXAMINER EXAMINER LOCATION Baltimo	n (City, tov	land	1969

to the local . I would be seen a seen and the seen and th THE TO SEE THE STEEL STEELS

The state and the state of the

	KUCTO				69	550	BALTIMORE CITY	HEALTH DEPARTA	MENT	00	5500
	5005	BIF	TH NO.		00	000	CERTIFICA	TE OF DEA	ATH REG. NO.	69	5593
	pital and of death Deceased to the arth. Such		Pe or Print)	LUNK	01		40 E		DATE AND HOUR OF DEA	ATH 30	
	of d	3.	PLACE IN BALT		LAND, WHI	ERE PRONOU	INCED DEAD	14. USUAL RESIDEN	S 30169 ICE (Where deceosed lived.	Som	M.
	l in a hospital ng cause of cause; (5) Dece attendance or ior to death.	Н.,	ILL NAME OF					A. STATE	B. COUNT	il ilistifution; resider	3 5
	se; (sendandandandandandandandandandandandandan	HO	STITUTION	ADDRESS			TON, GIVE STREET	C. CITY OR TOWN	Hanovel 10.	INSIDE CITY LIMITS	7
	l in a hos ng cause cause; (5) attendanc ior to de		Johns	Hopk	ins	Hosp		Hano	ovel	YES 🖳	NO 🗌
	O.= L.	L	5601	N. B.	Track	sire,	Maryland 21205	E. STREET AND NO	Grand v. ew	Rd	
	frib min goul	5. :	Female	6. RACE	.	MARRIED WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH	9. AGE (In years last birthday)	II Under 1 You Months: Doy:	r. II Under 24 Hrs. Hours Min.
		104	USUAL OCCU	PATION (Give ki	nd of work 10		BUSINESS OR INDUSTRY		te or foreign country)	12. CITIZEN	OF WHAT COUNTRY?
	it d' no e		Registe	res Nu	10000000	_		1111	over, Pa.	I	S.A.
	if d wa the spos	13.	FATHER'S NAM	RRY KU	ЫNI			14. MOTHER'S MAI		1011	
Z	stant ne dir ind; (eath e on	15,	Was Deceased	Ever in II. S. A.	smad Farner	.7	1 6. SOCIAL	ALIC 17. INFORMANT	CE LOOKINBAU		
IMPORTANT	× - 0	(Ye	s, no or unknown)	(If yes, give wo	or or doles o	of service)	SECURITY NO.	WM. J.	Kuhn.		ORESS P
Ö	- m 73 -	-	18. / 8 9	3/ I			CAUSE OF DEATH			Hanorer	PROXIMATE INTERVAL
AP	So, of a unce			OR CONDIT		CTLY		0	11		EEN ONSET AND DEATH
=	PA 5 5 E		IThis does no	I mean the n	mode of dy	ying, e.g.,	(A) IMMEDIATE CAU	SE DEDS		nia	
8	miner. fractur o pror gular embal		hearl failure, a injury ar camp	sihenia, eic. I licalian which	I means the caused de	e disease, eath.)		TOTAL OF			
) T				NTECEDENT ((B) Canci	er of Bla	dde with		
Ä	examexam (3) A n n wh in re-		DISEASES OR	abave caus	se (A) sl	, giving aling the	DUE TO, OR AS	A CONSEQUENCE OF	F: meters	asio	***************
DIRECTOR:	ical ical ns; ((cian as in		UNDERLYING	CONDITION	last.		(c)		and	FITTHE	
AL	Dir S ≯ E	ATION	OTHER SIGNIFIC	ANT CONDITIO	ONS CONTR	RIBUTING	ilco		Λ.	4. 0	4,
	4 E > E . O 0	CAT	TO THE DEATH DISEASE OR CO	NDITION GIVE	N IN PART 1	(A).	HICH OPERATION			adou >	6) 214
FUNER		ERTIFIC	2.100	e	VAS PERFOR	MED	THE OPERATION	20A. AUTOPST? (Y	S IN CERTIFYING	RE FINDINGS CON CAUSES OF DEATH	ISIDERED H?
E	+ T	U	21A. ACCIDENT OR CONTRIBUTE DEATH Inatily IN	WAS UNDER	OF	21 8. F home, etc.)	LACE OF INJURT (e.g., in form, factory, sheet, aff	or obout 21 C. WHERE	E DID (If in Boltic	more City, give exoc	ct locotion)
		8	21 D. TIME (Manth) (Day)			NJURT OCCURRED	21 F. HOW	DID INJURT OCCUR?		
	> E V 77 7 7	ž	OF INJURY (APPROX)				At Not While		DID MIJOR! OCCUR:		
	the the obto		22. I certify ti	hat (f) (this h	naspital) a		deceased from	18/69	19ta	5/30/	1969
3	to t		that (1) (169) 10				/		_and that In (my) (aur) a	apinian death ac	curred an the date
3	deatl		and haur and to 23A. SIGNATURE	from the caus	ses stated	abave. (1)	(We) (dld) (d ld=met) vl	ew the bady after	death.		
9	S D O C D E		-	+	adi	Crisi	Atter	ding Med.	Staff	238, DATE SIGI	NED I C
}	E 0 0 7 + 0		23C. PHYSICIAN NAME (Typ		CICC	1000	000000	Med. Directo	Phys. Ld	3 30	107
Jellon	tificate y was r (1) An a 0.A. at a d prior approv		Hight		2 mer	dian	M.D.		Elderry St	- Balta	6 MD 2120
36	certifi body v vs: (1) bo.A ased p	24A	REMOVAL (Sp.	ATION, 248, D	DATE	24C.NA	AE of CEMETERT er CRE	MATORT		(City, town, or coun	nty) (Stote)
,	This certhe bod shows: (was D.C decease written		Burial	190	ne 2,19		T. Juscph (eM.	Hamover	901	RK Sa.
	This certif the body shows: (1) was D.O.A deceased written ap	25A	DATE REC'D B			B. NAME OF	Jeben M.D.	25C. FUNERAL DI	RECTOR	7, AI	DDRESS mm/
		VS 1	50-REV. 1/1/68		אין כנוג	من صوب	Acces the	1 TO	my work /	W2-001 W	m. Ind



High Regard At Jane 1882 Ser

VS 150-REV. 1/1/6B

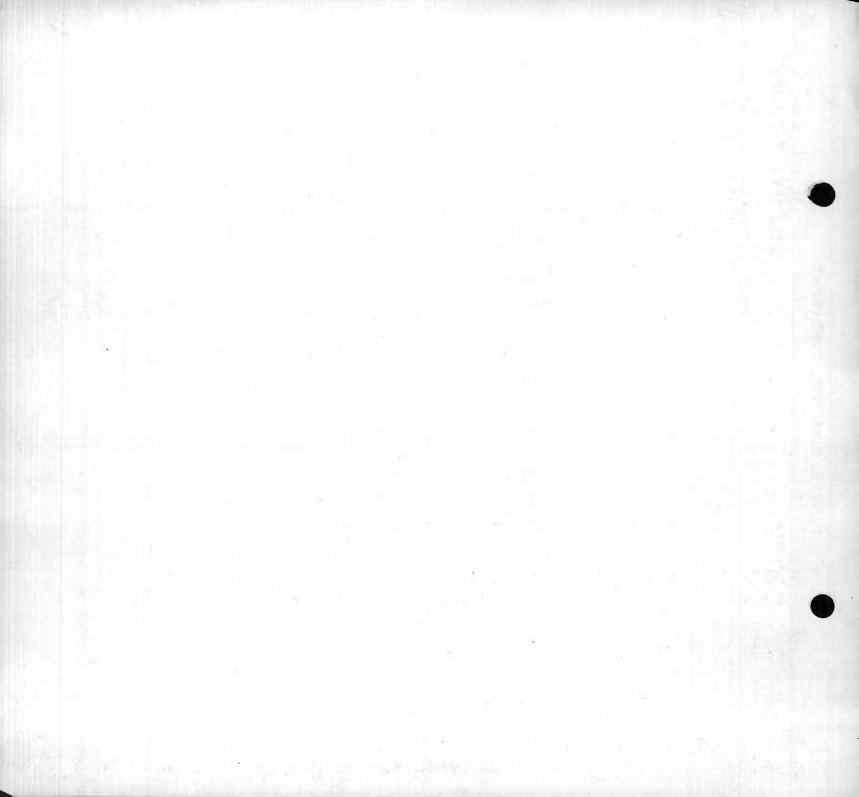
69 55	CERTIFICA	TE OF DEATH	REG. NO	69 5595
BIRTH NO.		2. DATE AN	D HOUR OF DEATH	10 1325
Type or Print) Sother Salam	a Bernste	in :	5/30/191	69 112 a N
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON	OUNCED DEAD	A. STATE B. COUN		stitution: residence before admission
CULL NAME OF (IF NOT IN HOSPITAL OR INST	THE CONTRACTOR	ma		27-40
ULL NAME OF (IF NOT IN HOSPITAL OR INST HOSPITAL OR ADDRESS OR LOCATION) NSTITUTION	THO HOTE, OFFE STREET	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
2906 Ellen avs	_	Ballo	1 = 4	YES NO
2906 sum		E. STREET AND NUMBER		
			en Ceva	
SEX 6. RACE 7. MARRIE	NEVER MARRIED		9. AGE (in years lost birthday)	Months Doys Hours Min.
F WIDOWE		12/23/1895	73	
OA, USUAL OCCUPATION (Give kind of work 10B, KIND one during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore)	gn country)	12. CITIZEN OF WHAT COUNTRY
Section		maryla	enal	USa
FATHER'S NAME		14. MOTHER'S MALDEN NAM	M.E.	
Margal		Ratie		
5. Was Deceased Eyer in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(es, no or unknown) (If yes, give wor or doles of service	SECURITY NO.	mr. Paul Be	ernatein	Same
18. / 4 9 7	CAUSE OF DEAT		- 100 000 77	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	Carlo	ESTIVE WEA	AT EAU.	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CA		KI PAICE	1146
(This daes not mean the made of dying, e.g. heart failure, asthenia, etc. II means the diseas	DUE TO, OR AS	A CONSEQUENCE OF:		
injury ar camplication which caused death.)				
ANTECEDENT CAUSES	(B) META	STATIC CA	RCINOMA	6 MUS
DISEASES OR CONDITIONS, if any, givin	'9			
rise to the above cause (A) stating It UNDERLYING CONDITION last.	(c) CARC	INOMA OF	GOLON	18 MGS
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		MONIA		20445
DISEASE OR CONDITION GIVEN IN PART 1 (A).			N OOR IE WES MEDE	INDINGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR	R WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING 2	18. PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID	(If In Boltimor	e City, give exact location)
, OR CONTRIBUTING CAUSE OF h	ame, form, factory, street, (office bldg., INJURY OCCUR?	į, ti semme.	
2	1E. INJURY OCCURRED	21F. HOW DID INJ	LIBY OCCUP?	
OF INJURY	While At Not Whi		OKI OCCOK:	
(APPROX.)	Work At Work			
22. I certify tha (1) (this haspital) attended			19 68 to 14	•
that(1)(we) last saw the deceased alive an	MAY 3	0 19 6 9 and th	at in (my)) (aur) opi	nian death accurred an the da
and haur and from the causes stated above.	(I) (We) (did) (did nat)	view the bady after death.		
23A. SIGNATURE	2 .			23B. DATE SIGNED
Bernand M. Morth	AH Ph	ending Med. Director	Staff Phys.	MAY 30,176
23C. PHYSICIAN'S	DEGREE	23D. ADDRESS	INF CIEC	ANK
BERNARD R. SHUCH	ET, MD	6804 PARK	ALT MANDE	F 450 21215
	NAME of CEMETERY OF CE		OCATION (CI	ty, town, or county) (State)
REMOVAL (Specify)	Balto Hels	011-	2017	LM .
Surval June 1 1769 25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	E OF REGISTRAR	25C. FUNERAL DIRECTOR	fusceiscour	AQDRESS D
JUN 3 1969 2	BE Hall RD	3.1.8.6	Pina & Son	9610 Rusterstown

BALTIMORE CITY HEALTH DEPARTMENT

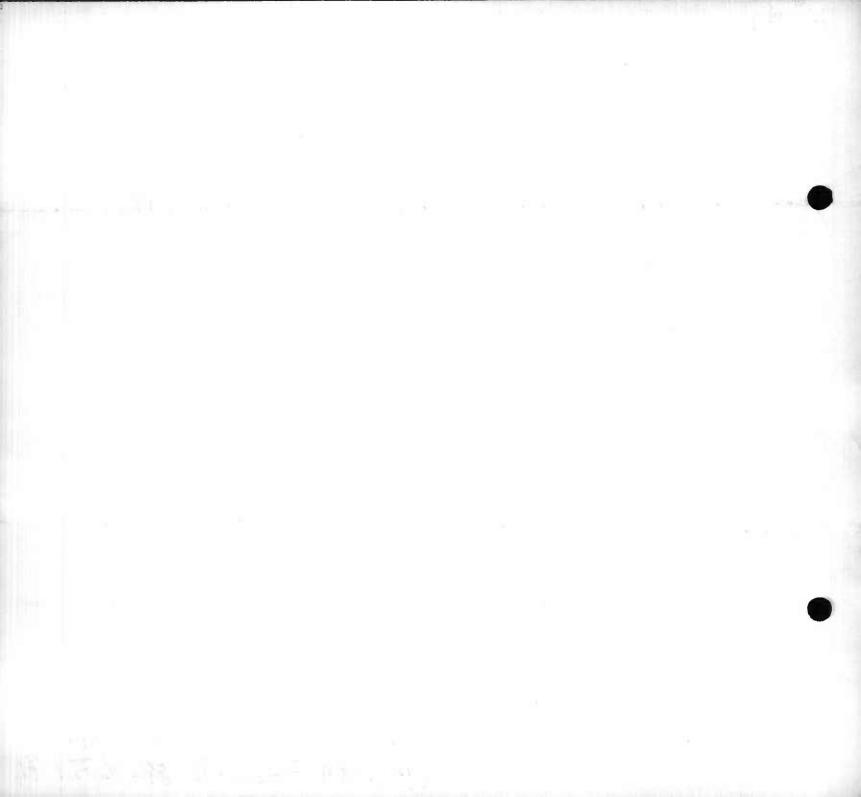
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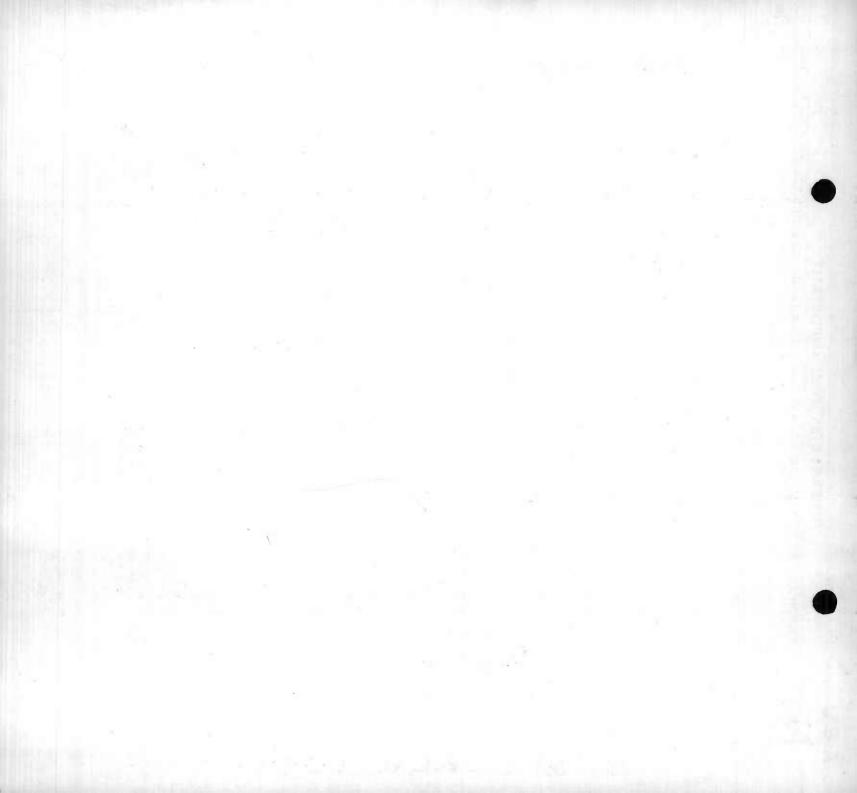
	69	5596	BALTIMORE CITY	HEALTH DEPARTMENT		CO FECC
	00	0000	CERTIFICA	TE OF DEATH	REG. NO.	69 5596
BIRTH NO. I. NAME OF DECE. Type or Print)	ASED	K = 0		2. DATE AN	D HOUR OF DEATH	691 2150 P
3. PLACE IN BALTI	MORE MARYLAND, W	HERE PRONOUNC	ED DEAD	4. USUAL RESIDENCE (Where	e deceased lived, if ins	titution: residence before admission
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTIO	N, GIVE STREET	Marylan C. CITY OR TOWN	2	DE CITY LIMITS?
NOTTUTION	Crest	HAND	= R-0	Balle	0. 114312	YES NO [
0 4145	res	1 pergin		E. STREET AND NUMBER	7 11	' man
5. SEX	. RACE	17		B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hi
m	W	WIDOWED	DIVORCED DIVORCED		lost birthdoy)	Months Doys Hours Min.
	ATION (Give kind of working life, even if retired)	108. KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNT
Rox during most of wi	> Nking ille, even il remed)	Cler	B	Rusc	sia .	usa
3. FATHER'S NAM	E			14. MOTHER'S MAIDEN NAM	ΛE	
1	novus					
5. Was Deceased	ver in U. S. Armed For	rces? 16	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No			92-09-6999	a Ludin	Kaplan	Sams
18. / / つ	./ 1		CAUSE OF DEAT	1 / auch	Kalenda	APPROXIMATE INTERVAL
DISEASE	OR CONDITION DI	RECTLY		SEARCINOMA O		BETWEEN ONSET AND DEA
injury ar camp	sthenia, etc. It means licotion which coused NTECEDENT CAUSES	death.)	(p)	A CONSEQUENCE OF:		
rise la the	CONDITIONS, if abave cause (A)		(C)	A CONSEQUENCE OF:		
	11		(4,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	ANT CONDITIONS CO					1.00
DISEASE OR CO	NDITION GIVEN IN PAR	RT 1 (A).	CH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE FI	INDINGS CONSIDERED SES OF DEATH?
U 21A. ACCIDEN	WAS UNDERLYING	21 B. PL	ACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If In Bottimore	City, give exact location)
DEATH (notify)	TNG CAUSE OF	NO home,	form, foctory, street, of	fice bldg., INJURY OCCUR?		
	(Month) (Doy) (Year)	(Hour) 21 E, IN	JURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY		While /	Not Whil	• 🗆		
22. I certify t	hat((1))(this haspita				19ta	MP 69 19
(3)	ast saw the decease		MAY	/ G		ian death accurred on the d
			Ve) (did) (did not)	iew the body after death.		
23A. SIGNATUR		Dush.	Way) Atte		S haff Phys.	23B, DATE SIGNED
23C. PHYSICIAN NAME (Ty		DRUGG	DEGREE	23D. ADDRESS 2217 Sout	H RD RA	LTIMORO Md. 713
24A. BURIAL CREW	ATION, 248, DATE	24C. NAM	E of CEMETERY OF CR	- 1 0 - 1	OCATION (City	y, town, or county) (State
Buralis		n P.	2000	T.1". Y	11	1 2 1
	Cal III	0 1 1 1	TALL LATER	villa X	mo che y am	1) PLUT YM



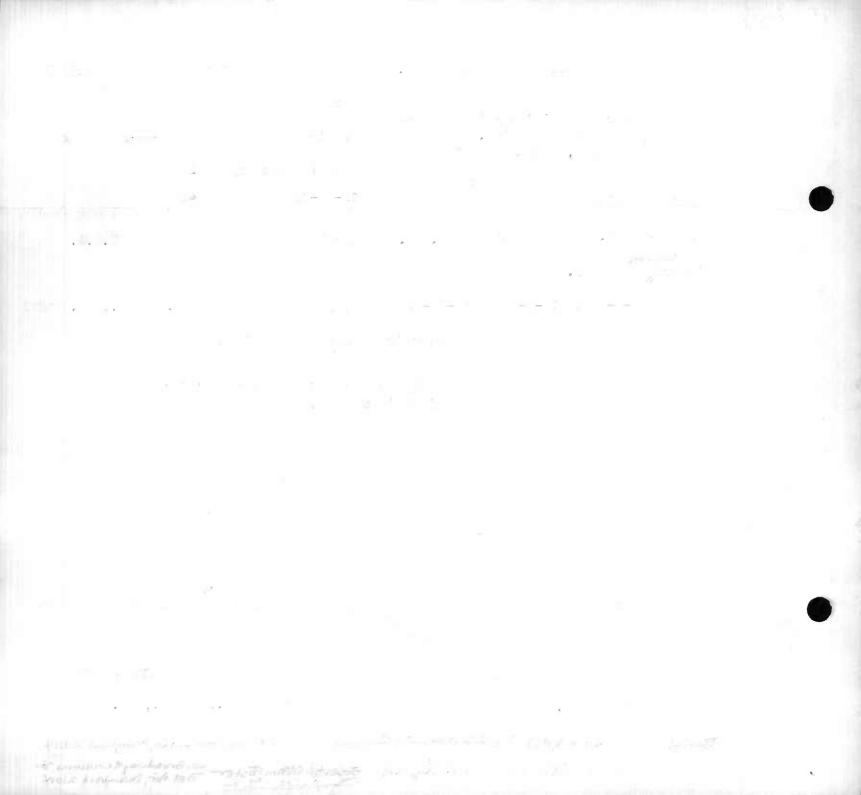
69	5597 BALTIMORE CITY	HEALTH DEPARTMENT		00 550
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	69 5597
1. NAME OF DECEASED (Type or Print) APPEL, EO	ina A.	2. DAYE AND	HOUR OF DEATH	1 2 1
3. PLACE IN BALYIMORE, MARYLAND, WHERE I	RONOUNCED DEAD	4. USUAL RESIDENCE IWhere	deceased lived, Il in	stitution; residence before admission
FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	A. STATE B. COUNTY		26-31
4 7		Balto	D. INSI	YES NO
Maryland General	Hospital.	E. STREET AND NUMBER 420 White	e A - n	
5. SEX 6. RACE 7. MA	RRIED NEVER MARRIED		AGE (In years	
In a a a l. 1 34 to	OWED DIVORCED	5-9-94	birthdoy)	If Under 1 Yo. If Under 24 Hrs. Months Doys Hours Min.
done during most of working life, even if retired) No re + He #19	ND OF BUSINESS OR INDUSTRY	11. BIRYHPLACE IState or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME		14. MOYHER'S MAIDEN NAME] 00.7
Berrard Appel		E. Burnd	l	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or doles of se	Vice) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS Admiss
No	214-40-4469	Supr. bolton	HIII NOS	Dome/Record
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH		V	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAU	E? Pulmono	124 Em	boli loday
(This does not meon the mode of dying, heart failure, asthenio, etc. It means the dis injury or camplication which caused death.)	ease.	CONSEQUENCE OF:	***************************************	
ANTECEDENT CAUSES	m Arterios	scleratic Cardie	svascular.	alisa ass
DISEASES OR CONDITIONS, if any,	iving DUE TO, OR AS	CONSEQUENCE OF:		
tise to the above couse (A) stating UNDERLYING CONDITION last.	the atrial (c) Diabo	tibrillation, car	gestive he	- 2 years
	Cevebro			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS TO THE TERM OD THE TERM OD THE TERM OD THE TERM OF THE TE	ING	1 01 1	Knee A	ha bios - 41 days
DISEASE OR CONDITION GIVEN IN PART 1 (A).	****************			
5.27,69 WAS PERFORMED	gangrene left les	20A-AUTOPSY? IYos or No.)	DE IF YES WERE FI	INDINGS CONSIDERED ISES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218 PLACE OF INJURY (e.g., in home, farm, foctory, street, office.)	or obout 21 C. WHERE DID	(If In Baltimore	City, give exact location]
21D. TIME IMonth) (Doy) IYearl IHour		21f. HOW DID INJUR	r OCCUR?	
(APPROX)	While At Work Not While At Work			
22. I certify that (I) (this haspital) attend		. 22 199	65_ta	6. 1. 1069
that (I) (we) last sow the deceased alive	on 6-1		. ,	ton death occurred on the dote
and hour and from the couses stated aba	ve. (1) (We) (dtd) (dtd nat) vi	w the bady after death.		
23A. SIGNAYURE	- 1		Residons	23R DAYE SIGNED
of annia or	DEGREE Phys.	Director L. Phy		6.1.65
23C. PHYSICIAM'S NAME ITypol	,	D. ADDRESS		
MOHAMMAD SUT	DIO M.B.B.S.	Maryland C	journel +	tospital
REMOVAL (Specify)	IC. NAME OF CEMEYERY OF CREA	Clery 240, LOCA	Ball	Sown, or county! (Stote)
5A. DATE REC'D BY HEALYH DEPT. 25B NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	7-7-1	ADDRESS / O/
JUN 3 1969 Jun 3	ent E. Jaber, M.D.	1 Onto to KWA	my 1 rd	180) Mantad Ky

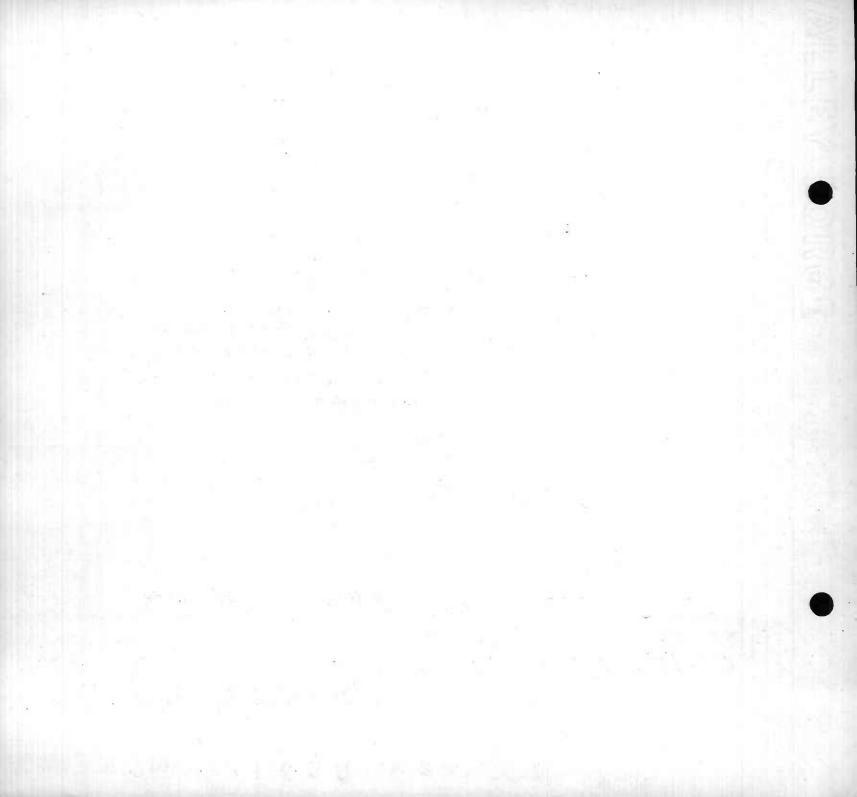


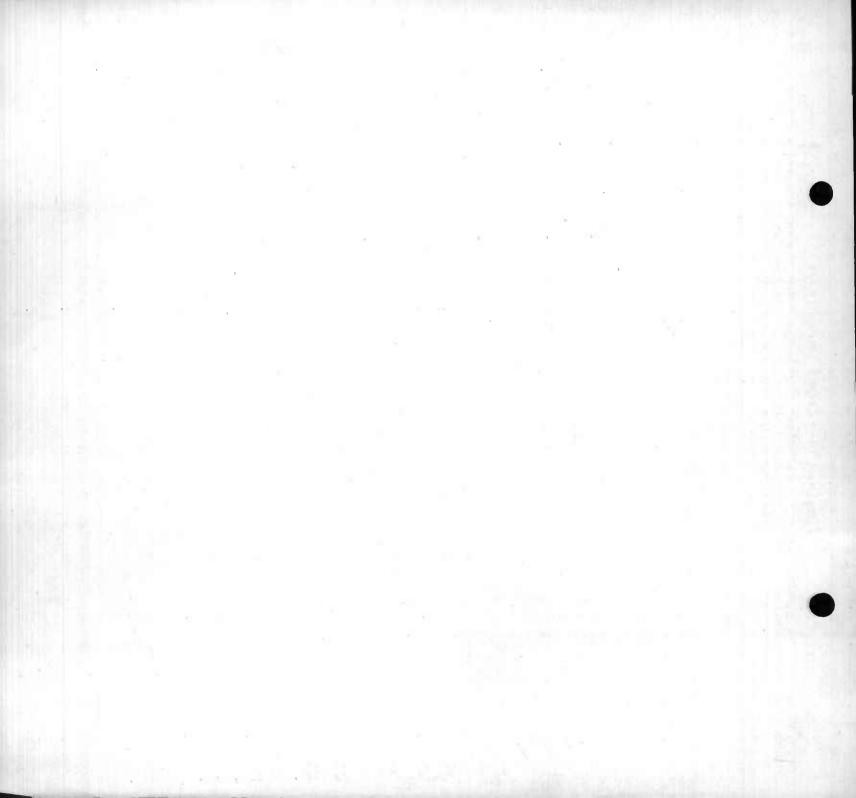
VS 150-REV. 1/1/68



	6	9 55		Y HEALTH DEPARTA			60) [5599
BIRTH NO.			CERTIFICA	TE OF DEA	ATH /	REG. NO	00	,	2539
1. NAME OF D	ECEA SED			2.	DATE AND	HOUR OF DEAT	4		
trype of rang	YEWELL.	RICHARI	WARREN JR.			31 1969	1	1	6:50 P
3. PLACE IN B	ALTIMORE MARYLAND,	WHERE PRONC	UNCED DEAD	4. USUAL RESIDEN	ICE (Where	deceased lived II	in a siste sin an		O I O P
FULL NAME C	F SENOT IN HOSPI			Maryland		rford (institution		- 3 2
HOSPITAL OR	Veterans Admi	Mistrat	tion Hospital	C. CITY OR TOWN		ID. IN	SIDE CITY	-	
	3900 Loch Ray	ren Blvd		Belair			YES X	-	NO 🔀
23	Baltimore, Ma			E. STREET AND NU	JMBER		100		NO
20		J Lunia	~1~10			-			
5. SEX	6. RACE	17. 44.4 2 2 2 2		8. DATE OF BIRTH	Facto	ry Koad			
Male	White	WIDOWED		12-21-20	los	AGE (In yours birthdoy) 48	Months	Doys	il Under 24 Hr. Hours Min.
IOA. USUAL OC	CUPATION (Give kind of wor	108 KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sto	te or foreign	Country	12 C17	TYEN OF	WHAT COUNTR
done denning most i	or morking me, even is tellied)					- commy	12.011	IZEN OF	MHYL COUNTS
Compute:		Americ	an Tot. Co.	Maryland				U.S	- A -
3. FATHER'S N	AME			14 MOTHER'S MAIL	DEN NAME			0.0	022.0
Richard	Yewell Sr.			Mabel Sta	andifor	rd			
5. Wos Deceose	od Ever in U. S. Armed Fo	rcos?	1 6. SOCIAL	17. INFORMANT	Reco	ords		ADDR	ESS
Yes	6-6-39 to 10	3-43	217-26-2299	VAH, 3900 I			Balt		-
18. / / 0	2 1/1		CAUSE OF DEAT	1					
DISE	ASE OR CONDITION DI	BECTLY			name Da	alak Oza-			DXIMATE INTERVAL ONSET AND DEAT
/ 5132	LEADING TO DEATH	KECILY	congestive	Heart Fail	ure al	gnt Side			
(This does	not mean the made of	dvina oa	(A) IMMEDIATE CAU	SE Decompens	ated				
heori toiture	, osthenia, etc. it means	the disease.	DUE TO, OR AS	CONSEQUENCE OF:					
injury or co	implication which coused	deoth.)	Emphysem	a with Diff	use In	terstitia	1		
	ANTECEDENT CAUSES		Fibrosis	of Lungs			-	1	
DISEASES	OR CONDITIONS, II	ann stutus		A CONSEQUENCE OF	************				
nse lo l	he obove couse (A)	sloting the	(c)	A CONSEQUENCE OF	r :				
	- 11		(0/			****************			
OTHER SIGN	IFICANT CONDITIONS CO ATH BUT NOT RELATED TO T	HE TERMINIAL							
DISEASE OR	CONDITION GIVEN IN PAR	T 1 (A).	***************************************	******				******	
OTHER SIGN TO THE DEA DISEASE OR 19 A. DATE O	OF OPERATION 198. CON WAS PER	FORMED	WHICH OPERATION	Yes	os or No) 2	OR IF YES WERE N CERTIFYING CA	FINDINGS USES OF	CONSII DEATH?	DERED
- OR CONTRIB	ENT WAS UNDERLYING	21 B.	PLACE OF INJURY fe.g., in	or obout 21 C. WHERE	DID	(If In Boltimo	e City, giv	e exoct k	ocotion)
DEATH (notil	y medical exemined	eic.		ice stage into act. OC	COR				
OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED	21 F. HOW I	DID INJURY	OCCUR?			
[APPROX.)		Whi	lo At Not White						
	35	Wor	W T AL MAOU						
22. I certify	y thot 🎢 (this hospital) attended t!	ne deceased from	May 27	19	69 to M	av 31		19.69
that (1/2 (we) last sow the decease	d alive an	May 31	12.69	and that I	n(it y) (aur) opi	nion dead	4b	
			፮ (We) (did) ୀୟୟଠାରଠ ା			ii (uu) (uu) opi	mon dedi	ın accu	rrea on the date
23A. SIGNAT	IIPE	ed appade. (1	+ (ua) (aia) darar-uerh/Ai	ew the bady after a	death.				
	ND hard	211	1 3000	W			23 B, D AT	E SIGNE	D
V	-13.7000	Jo of	Dh	ding Med.	Stat	. I	Jus	1 m	1969
23C. PHYSICI	AN'S	1	DEGREE	3D. ADDRESS	- rny	3. 	1	, = ,	. 141
NAME (Type)	#TT 472			D7	D7:	. 37	1 0	1010
	VISHNU B. N	MLAY	MD DEGREE	900 Loch Ra	Men BT	va., Balt	0., M	1. 27	1218
REMOVAL	EMATION, 24B, DATE	24C. NA	ME of CEMETERY OF CREA	MATORY	24D. LOCA	TION (Ci	ty, town, o	i county)	(Stote)
BuriAl	JUNE 3.19	169 13=1	Air Memorial Gr	alore bear					
	BA HEVIAN DEAR	1960 11111	the recondental Cal		12614	in Harbord	co we	Mysog	121014
WENT REG L	JUN 3 1969	ANE O	REGISTRAND AND	25C. FUNERAL DI	RECTOR	. W. Br	ondera	ADD	RESS Winyons St.
	0011 0 1305	المانوا	re. value, MD.	36 Ep Juil	Hungos	HET BEI	Air De	anla	1 2 Iniv
\$ 150-REV. 1/1/	/68			The Contract		A. C.	1.111	41 707	-d rinit







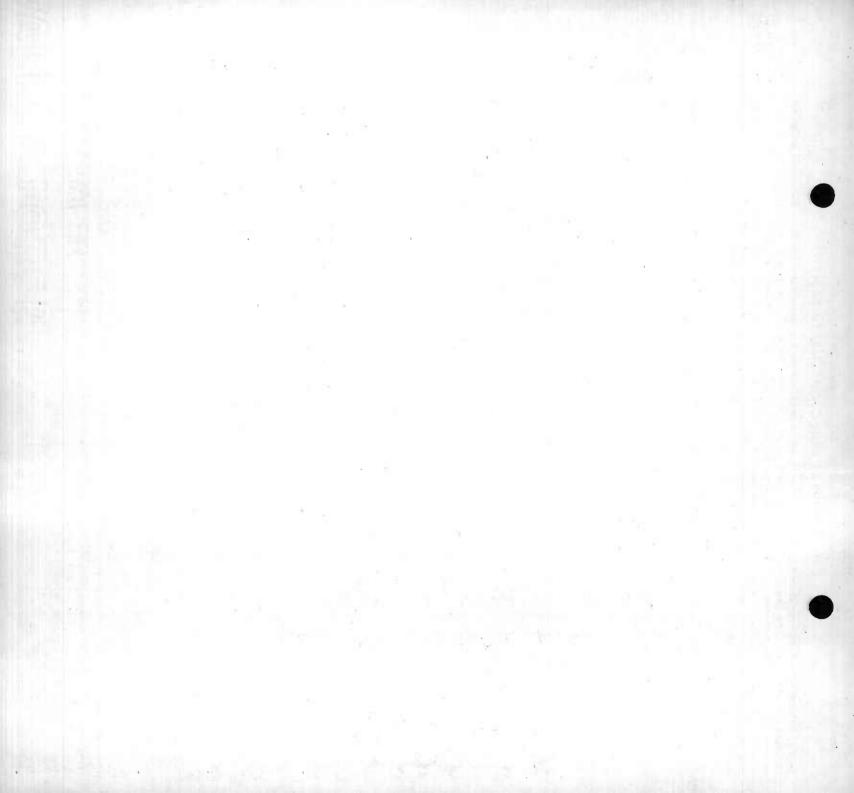
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BALTIMORE CITY HEALTH DEPARTMENT

REG. NO.

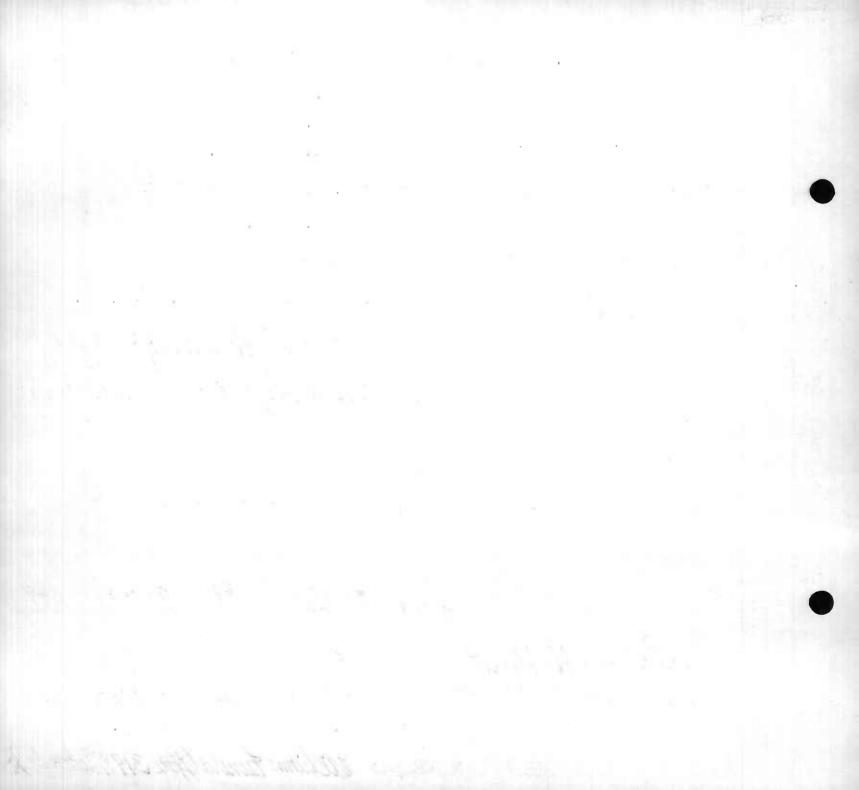
69	5602

	ATE OF DEATH
T, NAME OF DECEASED (Type or Print) (I) 1 / 1	2. DATE AND HOUR OF DEATH
WILLIAM ROOD	June 2, 1969 [4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Manuland & /-//
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	Baltimore YES Y NO L
0 5130 Chalgrove Ave	5130 (halgrove Avenue
As A	17/14/196 lost birthdoy) Months Days Hours Min,
MIDOWED DIVORCED DIVO	
done during most of working life, even if retired)	
cutter(retired) (lothing Mfg.	Baltimore Maryland USA
Guy H. Robb	Anna Pachta
15. Was Deceased Ever in U. S. Armed Forces? (Yes, na ar unknawn) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
ues WW 7	Mrs. Evelyn N. Robb 5130 Chalgrove Ave.
IB. // 2/ Al CAUSE OF DE	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	AUSE Cerebral D'escular hecaland June 2, 1969
heart failure, osthenia, etc. It means the disease,	perferns and May 16, 1969
injury or complication which caused death.)	1 1/4/5
ANTECEDENT CAUSES (B) STUT	perfers/a. May 16,100
DISEASES OR CONDITIONS, if ony, giving DUE TO, OR, rise to the obove couse (A) stoting the	AS A CONSEQUENCE OF:
UNDERLYING CONDITION last. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL V DISEASE OR CONDITION GIVEN IN PART 1 (A).	
	JOBA ALIFORNIA W. ALIA COR LE MES ALIANO CONCENTADO
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (6.4	g., in ar about 21 C. WHERE DID (If in Baltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.)	affice bldg. INJURY OCCUR?
21 D. TIME (Month) (Day) (Year) (Haur) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Work Not W	
	11 11 16/5 10 10 10/09
22. I certify that (1) (this haspital) attended the deceased from 2	1 46
22. I certify that (1) (this haspital) attended the deceased from I that (1) (we) last saw the deceased alive an	1969 and that in (my) (aut) spinian death accurred on the date
22. I certify that (1) (this haspital) attended the deceased from ? that (1) (we) last saw the deceased alive an	1969 and that in(my) (aut spinian death accurred an the date) view the bady after death.
22. I certify that (I) (this haspital) attended the deceased from I that (I) (we) last saw the deceased alive an and hour and from the causes stated above. (I) (We) (did) (did 23A. SIGNATURE	19 6 9 and that in (my) (aut spinian death accurred an the date s) view the bady after death.
22. I certify that (1) (this haspital) attended the deceased from I that (1) (we) last saw the deceased alive an and hour and from the causes stated above. (1) (We) (did) (did) (23A. SIGNATURE	1969 and that in (my) (aut) spinian death accurred an the date view the body after death. Attending Med. Director Phys.
22. I certify that (I) (this haspital) attended the deceased from I that (I) (we) last saw the deceased alive an and hour and from the causes stated above. (I) (We) (did) (did not 23A. SIGNATURE	19 6 9 and that in(my) (aut) spinian death accurred an the date view the body after death. Attending Med. Director Phys.
22. I certify that (1) (this haspital) attended the deceased from I that (1) (we) last saw the deceased alive an series 2 and hour and from the causes stated above. (1) (We) (did) (did) (23A. SIGNATURE 23C. PHYS(CIAN'S NAME (Type)) MINIMAL TYPE) MINIMAL TYPE A DIWMAN	Attending Med. Director Phys. 23B PATE SIGNED 23B PATE SIGNED 23B PATE SIGNED 23B PATE SIGNED 23D ADDRESS 1401 REISTERSTO WN RD BALTO 21208 MD
22. I certify that (I) (this haspital) attended the deceased from I that (I) (we) last saw the deceased alive an source 2 and hour and from the causes stated above. (I) (We) (did) (did) (23A. SIGNATURE 23A. SIGNATURE 23C. PHYS(CIAN'S AMANUTY) 23C. PHYS(CIAN'S AMANUTY) 24A. BURIAL CREMATION. 124B. DATE 24A. BURIAL CREMATION. 124B. DATE	Attending Med. Director Phys. 23B DATE SIGNED 23B DATE SIGNED
22. I certify that (I) (this haspital) attended the deceased fram I that (I) (we) last saw the deceased alive an and hour and fram the causes stated abave. (I) (We) (did) (did) (23A, SIGNATURE 23A, SIGNATURE 23A, SIGNATURE 23C, PHYSICIAN'S NAME (Type) NILTON E. LOWMAN OEGREE 24A, BURIAL CREMATION, 24B, DATE 24C, NAME of CEMETERY OF	and that in(my) (aut spinian death accurred an the date view the bady after death. Attending Med. Director Phys. 23B PATE SIGNED Attending Phys. 23D. ADDRESS 1401 REISTERSTOWN RD BALTO 21208 MD CREMATORY 24D. LOCATION (City, town, or county) (State)
22. I certify that (I) (this haspital) attended the deceased from I that (I) (we) last saw the deceased alive an survey 2 and hour and from the causes stated abave. (I) (We) (did) (did) (23A. SIGNATURE 23A. SIGNATURE 23A. SIGNATURE 23A. SIGNATURE 23C. PHYSICIAN'S AMM. (I) (PP) 24A. BURIAL CREMATION, 124B. DATE 24C. NAME of CEMETERY OF	and that in(my) (aut spinian death accurred an the date view the bady after death. Attending Med. Director Phys. 23B PATE SIGNED Attending Phys. 23D. ADDRESS 1401 REISTERSTOWN RD BALTO 21208 MD CREMATORY 24D. LOCATION (City, town, or county) (State)
22. I certify that (I) (this haspital) attended the deceased from I that (I) (we) last saw the deceased alive an sure 2 and hour and from the causes stated abave. (I) (We) (did) (did) (23A. SIGNATURE 23A. SIGNATURE 23A. SIGNATURE 23C. PHYSICIAN'S MILTON E. LOWMAN 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or REMOVAL (Specify) Burial 6/4/69 Baltimore Nat	Attending Med. Director Phys. 23B PATE SIGNED Attending Director Phys. 23D. ADDRESS 23D. ADDRESS CREMATORY 24D. LOCATION (City, town, or county) ional Cemetery Baltimore, Maryland

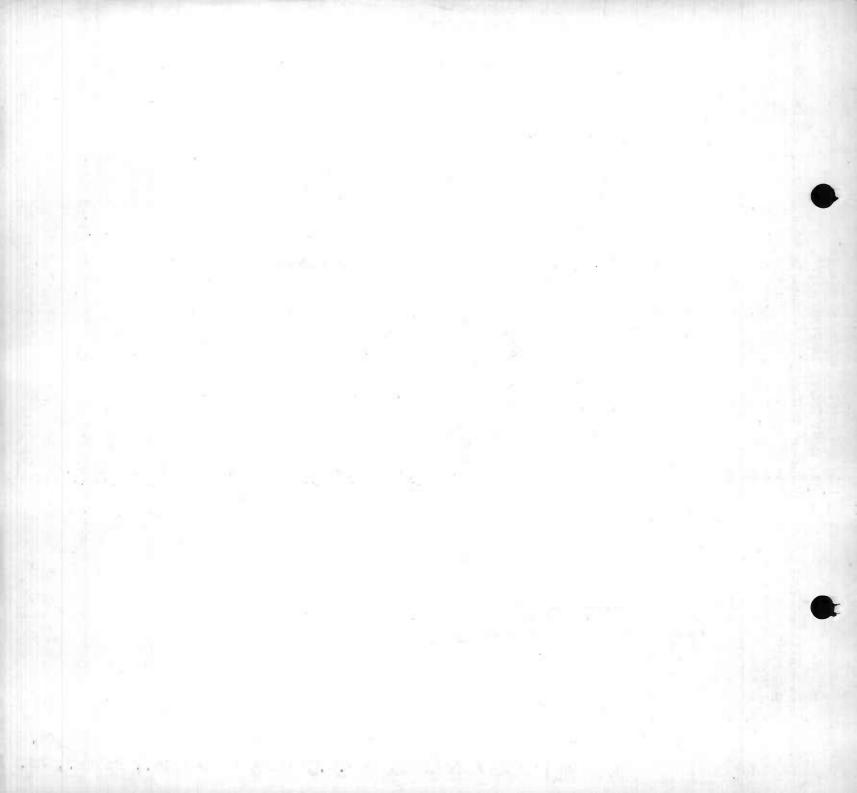


1	_ (6,/()	CERTIFICATE OF DEATH REG. NO. 69 5603
	and eath ased the Such	BIRTH NO. 69-42 66 CERTIFICATE OF DEATH REG. NO. 69 5603 1. NAME OF DECEASED 16
	School	(Type or Print)
	of death of death Deceased te on the	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, if institution residence before admission)
	5)	A. STATE B. COUNTY
	da da	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR TOWN D. INSIDE CITY LIMITS?
	use; use; tend	UNIVERSITY OF MARYLAND HOSPITAL BALTIMORE VESTI NOT
		E. STREET AND NUMBER
	d a d	12S PAREIN ST
	מַלְבִייִבְיבַ	Markied Never Markied Never Markied Never Markied Never Markied Never Markied Never Markied Never Markied Never Markied Never Markied Never Never
	re eri	WIDOWED DIVORCED J
	or condeterming in december in the condetermine december in the condetermi	done during max of working life, even if refired
	de de ces	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	if d rect (4) U wa the spos	martin dilandida
Z	ath ath on I di	15. Was Deceased Ever in U. S. Armed Forces? 11.6. SOCIAL 17 INFORMANT
Z.	ssiste the the kin dec nce final	(Tes, no of unknown) (If yes, give wor or dotes of service) SECURITY NO.
2		18. CAUSE OF DEATH CAUSE OF DEATH APPROXIMATE INTERVAL
IMPORTANT	f any if any inceded	DISEASE OR CONDITION DIRECTLY HYPOXIC BRAIN DAMAGE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
≥ '	Als Als attended	LEADING TO DEATH
.:	tur.	heart failure, asthenia, etc. It means the disease.
OR:	E 6 8 5 E	injury or camplication which caused death.) ANTECEDENT CAUSES SHOCK
5	A fred	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:
DIRE	(3) A in v	lines to the apple capse (W) stating the
<u> </u>	rcal rains; (al	UNDERLYING CONDITION last. (c) SET 575 = 25 E. COCT
7	Bin E E S ≯ E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
8	phy price record	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
FUNERAL	bod he the	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED 20A-AUTOPSY? (Yos of No.) 20B IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5	the call by (2) E	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in at about 21C. WHERE DID home, form, factory, street, office bidg., INJURY OCCUR?
_ :	y the ital b re; (2) vhere No pi befor	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
	40> 7	210-TIME (Month) (Day) (Yeo) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR
	hosi natu d (6)	OF INJURY (APPROX.) While At Not While At Work At
	the Iny n exce	22. I certify tha (1) (this hospital) attended the deceased from 5/25 69 19 to 5/28 69
	0.00	that (1) (we) last saw the deceased alive on 5/28/649 and that in (my) (our) opinion death occurred an the date
	ased to dent of ospital death) must be	and haur and fram the causes stated shave (1) (We) (did) (did not) view the bady after death.
	eased tident of hospital must b	23B. DATE SIGNED
	7 0	Attending Med. Staff SIZSIGG
	An a Lat at a	23G-PHYSICIANS (23D. ADDRESS
:		DECORE
	L 77 U U P	24A. BURIAL CREMATION, 24B. DATE 24C. NAME 61 CEMETERS OF CREMATORY 24D. LOCATION (City, Joyney Dycounty) (Stotal
	the body shows: (1 was D.O. decease written c	25A. DATE REC'D BY HEALTH DEPY 25B. NAME OF REGISTRAR 125G. FUMPRAY DIRECTOR
i	the show was dece	JUN 3 1969 Judie E. Falli, M.D. O all Chians Trues of Kong 319 Ilschroeler
	1	VS 150-REV. 1/1/68

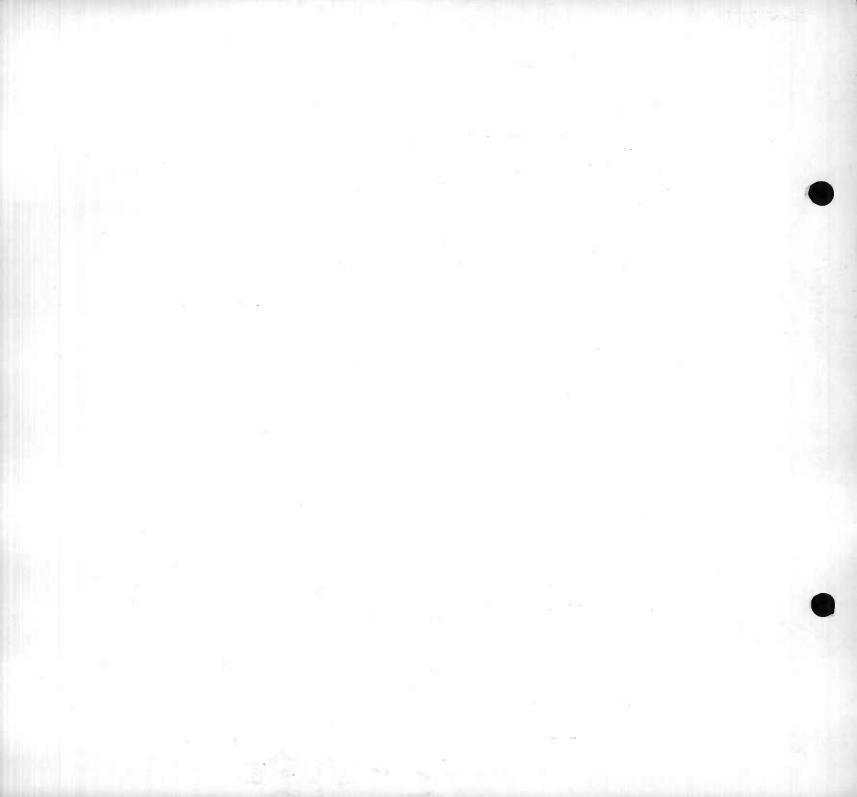
				BALTIMORE CIT	Y HEALTH DEPARTMENT		69 5604
BIRTH NO.		69	5604	CERTIFICA	TE OF DEATH	REG. NO	00 0004
NAME OF D		A. Jo	hnson		May	28,1969	
3. PLACE IN B	ALTIMORE, MARY	LAND, WHE	RE PRONOU	NCED DEAD		Vhere deceosed lived. If UNTY	institution: residence before odm
FULL NAME OF HOSPITAL OR INSTITUTION	OF (IF NOT II	N HOSPITAL	OR INSTITUT	TION, GIVE STREET	Md . c. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
	0				Balto.		YES 🔣 NO 🗌
0 0 34	O N. Bru	ace St	•		340 N. Bru		
SEX	6. RACE	7.	MARRIED 🔀	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr. , II Under 2 Months Doys Hours
	Colored		WIDOWED [Jan.10,1900		
	of working life, even		B. KIND OF	BUSINESS OR INDUSTRY	Balto. M	foreign country)	12. CITIZEN OF WHAT CO
3. FATHER'S N					14. MOTHER'S MAIDEN		
James	Spencer	r		44 PM	Anna Holla	nd	
S. Wos Decea	sed Ever in U. S. Jown) (If yes, give v	Armed Forces	? of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no	, , , , , , , , , , , , , , , , , , ,			SECORITI NO.	Perry Johns	on 340 N.	Bruce St.
			y, giving	DUE TO, OR A	S A CONSEQUENCE OF:		
VO OTHER SIGN TO THE DISEASE O	the above car ING CONDITION II NIFICANT CONDIT EATH BUT NOT REL R CONDITION GIV	USE (A) SIN IONS. TIONS CONTINUES TO THE TEN IN PART I	RIBUTING TERMINAL (A).	(c)		Nol 20R IF YES WED	DE EINDINGS CONSIDERED
VO OTHER SIGN TO THE DISEASE O	the above car ING CONDITION II NIFICANT CONDIT EATH BUT NOT REL R CONDITION GIV	USE (A) SIN IONS. TIONS CONTINUES TO THE TEN IN PART I	RIBUTING TERMINAL (A). TION FOR W	(C)	20A. AUTOPSY? (Yes o	7 No) 20B. IF YES, WER IN CERTIFYING C	TE FINDINGS CONSIDERED CAUSES OF DEATH?
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OTHER SIG TO THE DID DISEASE O 19A. DATE OR CONTE DEATH (no 21D. TIME OF INJURY (APPROX.)	the above can in a condition of the cond	USE (A) SIN IOSI. IONS CONTILATED TO THE FEN IN PART I 198. CONDIT WAS PERFOR ERLYING SE OF in et) y) (Yeor) (RIBUTING TERMINAL (A). TON FOR W RMED 21 B. I home etc.) Hour) 21 E. Whill Work	HICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, form)	in or obout 21C. WHERE DII NJURY OCCUR	INJURY OCCUR?	
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OTHER SIG TO THE DID DISEASE OO TO A COLOR CONTINUED TO FINJURY (APPROX.) 22. I cert that (I) (v and haur	the above can the above can the condition of the can t	USE (A) SIN IOSI. IONS CONTINUATED TO THE EN IN PART I 1988. CONDIT WAS PERFOR ERLYING (Finer) ERLYING (Finer) The haspital) as deceased as deceased as the single interpretation of the si	RIBUTING TERMINAL (A). TION FOR W RMED 21 B. I home etc.) Whill Work	HICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, form) INJURY OCCURRED At Work At Work deceased fram	20A. AUTOPSY? (Yes o in or obout 21C. WHERE DII office bldg., INJURY OCCUR	INJURY OCCUR?	nore City, give exact location
OTHER SIG TO THE DID DISEASE OF CONTY DEATH (no OF CONTY DEATH (no OF INJURY (A PPROX.)	the above can the above can the condition of the can t	USE (A) SIN IOSI. IONS CONTINUATED TO THE EN IN PART I 1988. CONDIT WAS PERFOR ERLYING (Finer) ERLYING (Finer) The haspital) as deceased as deceased as the single interpretation of the si	RIBUTING TERMINAL (A). TION FOR W RMED 21 B. I home etc.) Whill Work	HICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, form) INJURY OCCURRED At Work At Work E deceased fram (We) (did) (did not)	20A. AUTOPSY? (Yes on in or obout 21C. WHERE DID office bldg., INJURY OCCUR 21F. HOW DID ite	INJURY OCCUR?	nore City, give exoct locotion
OTHER SIG TO THE DID DISEASE O 19A. DATE OR CONTED DEATH (no 21D. TIME OF INJURY (APPROX.) 22. I cert that (I) (v and haur 23A. SIGN) 23C. PHYSI NAM!	The above can the above can in a condition of the can	USE (A) SIN IOSI. IONS CONTINUATED TO THE EN IN PART I 1988. CONDIT WAS PERFOR ERLYING (Finer) ERLYING (Finer) The haspital) as deceased as deceased as the single interpretation of the si	RIBUTING TERMINAL (A). TION FOR W RMED 21 B. I home etc.) 21 E. Whili Work attended the alive an	HICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, form) INJURY OCCURRED At Not What Work to deceased from the deceased from	in or obout 21C. WHERE DIT office bidg., INJURY OCCUR 21F. HOW DID ile	INJURY OCCUR? 19 69 ta	pinion death accurred on the 23B. DATE SIGNED 5-269 196 2-3B. DATE SIGNED
NO OTHER SIG TO THE DID DISEASE OF CONTROL O	the above can the above can the condition of the condition of the condition of the condition of the can the ca	USE (A) SIN IOSI. IONS CONTILATED TO THE EN IN PART I 198. CONDIT WAS PERFOR IN 199. (Year) (Year) (A) A deceased (USES State) A A A A A A A A A A A A A A A A A A A	RIBUTING TERMINAL (A). TION FOR W RMED 218. I home etc.) Hour) 21E. Whill Work attended the alive an	HICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, form, foctory, street, form) Not What Work e deceased fram (We) (did) (did not) DEGREE TO OEGREE	20A. AUTOPSY? (Yes on in or obout 21C. WHERE DID office bldg., INJURY OCCUPATION IN 19 OF ONE OF OTHER OT	INJURY OCCUR? 19 69 ta d that in (my) (our) of the Staff Phys. Catonsvill	pinion death occurred on the 23B, DATE SIGNED 5-2-6-9 (City, fown, or county) (Sity, fown, or county)
TISE IG UNDERLY NO OTHER SIG TO THE DID DISEASE OF 19A. DATE 21A. ACCI OR CONTY OF INJUNE OF INJUNE (APPROX.) 22. I cert that (I) (v and haur 23A. SIGNA 23A. SIGNA 24A. BURIAL (BURIAL (BURIAL (C) 10 THE DID 10 THE DID 10 THE DID 10 THE DID 11 THE 12 THE 12 THE 13 THE 14 THE 15 THE 16 THE 17 THE 17 THE 18 THE 1	The above can the above can in a condition of the conditi	USE (A) SIN IOSI. IONS CONTILATED TO THE EN IN PART I 198. CONDIT WAS PERFOR DECLAR OF THE ENDING DECLAR OF THE E	RIBUTING TERMINAL (A). TION FOR W RMED 21 B. I home etc.) Hour) 21 E. Whill Work attended the alive an I abave. (1) ALLL 24C. NA 24C. NA 8 B. NAME O	HICH OPERATION PLACE OF INJURY (e.g., form, foctory, street, form) INJURY OCCURRED At Work At Work At Work Compared to the compared to t	in or obout 21C. WHERE DII office bidg., INJURY OCCUR 21F. HOW DID ile	INJURY OCCUR? 19 69 ta d that in (my) (our) of the Staff Phys. Catonsvill	pinion death occurred on the 23B, DATE SIGNED 5-2-6-9 (City, fown, or county) (Sity, fown, or county)



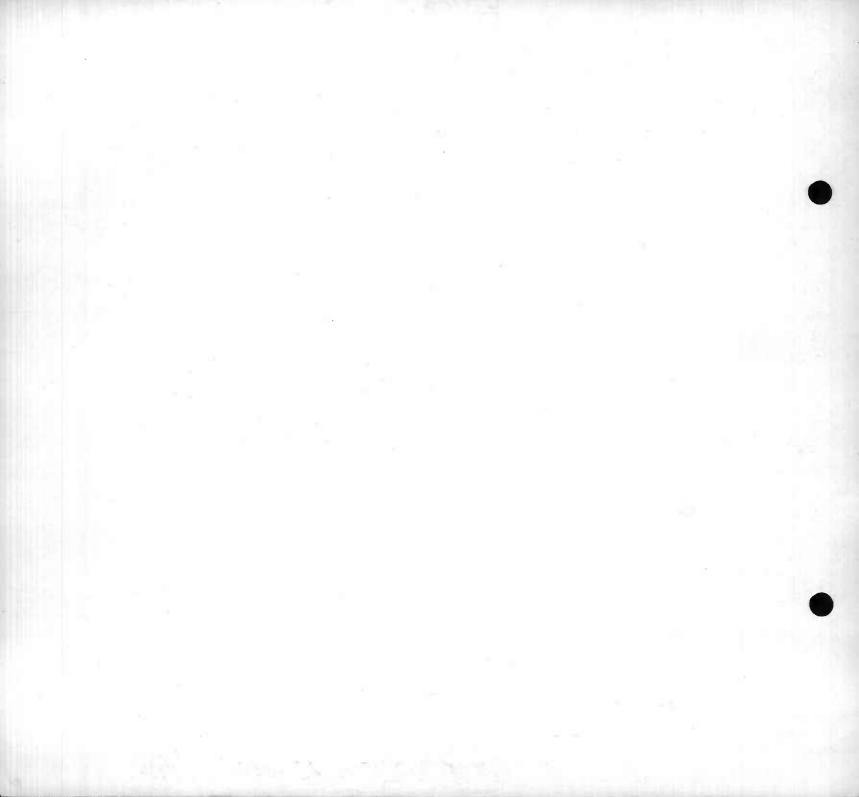
VS 150-REV. 1/1/68







BIRTH NO		00	FOOS	TY HEALTH DEPARTMEN	1	69 56
		63	CERTIFIC/	ATE OF DEAT	TH REG. NO.	B & 00 00
	OF DECEASED	A 1		2. DA	TE AND HOUR OF DEATH	30
Type or P	intland.	Davis		0	June 1	12TPIM
3. PLACE	IN BALTIMORE M		RE PRONOUNCED DEAD		(Where deceosed lived, If in	stitution: residence before o
FULL NAM	ME OF (IF NO	OT IN HOSPITAL RESS OR LOCATIO	OR INSTITUTION, GIVE STREET	me .	Batto City	23-
INSTITUTION	DL . I.	View	neering Home	e Balline	ul-	YES NO
70	12	13 Lig	nt St	15/ a		st
5. SEX	6. RACE	9.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours
int.	0	. v	VIDOWED DIVORCED	1915	.56	
			B. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT
	most of working life,				,	45.A
	R'S NAME			14. MOTHER'S MAIDE	N NAME	7,-0.77
. S. LATHE	- /1	d Gern	ran	A 1	e Caper	
15. Was D (Yes, no or	eceased Ever in U. unknown) (If yes, giv	S. Armed Forces	? 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	,,		5500000			
rise	ASES OR COND to the obove ERLYING CONDIT	cause (A) sid	aling the witter	Majorns as a consequence of usclente	i Cardes I	andr
∢ DISEA	LE DEATH BUT NOT SE OR CONDITION					
U 19A.F			ION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes	or Na) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
RTIF						
OR CO	ACCIDENT WAS UNITED TO CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBU	AUSE OF	21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	office bldg., INJURY OCC	DID (If In Boltima U R?	re City, give exact lacotian)
21 A. A OR CO DEATI	ONTRIBUTING C H (natify medical ex	AUSE OF	home, form, foctory, street,	office bldg., INJURY OCC	ID INJURY OCCUR?	
OR CO	ONTRIBUTING C H (natify medical ex IME (Month) JURY	AUSE OF xaminer	home, form, foctory, street, etc.) Hour) 21E, INJURY OCCURRED While At Not WI	office bldg., INJURY OCC	U R?	
V 21A. A OR CO DEAT	ONTRIBUTING C H (natify medical ex IME (Month) JURY	(Day) (Year) (H	home, form, foctory, street, etc.) Hour) 21E. INJURY OCCURRED While At Not Will Work Not Will At Work	office bldg., INJURY OCC	ID INJURY OCCUR?	
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V 21A. A OR CO DEAT() V DEAT() V (APPR) 22. I that (ONTRIBUTING CH (natify medical extended of the control of the cont	(Day) (Year) (H	home, form, foctory, street, etc.,) Houri 21E INJURY OCCURRED While At Not Will Work At Work At Work	office bldg., INJURY OCC 21F. HOW DI hile	ID INJURY OCCUR? 19 5 to 7 ond that in(my) (our) op	Te City, give exact lacotian)
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21A. A OR CCI DEATH OF IN (APPR 22. I that (ond h 23A. 5	ONTRIBUTING CH (notify medical extending medical	(Day) (Year) (H	home, form, foctory, street, etc.,) Hour) 21E. INJURY OCCURRED While At Not Will Not Will At Work At Work At Work Obove. (I) (We) (did) (did nat)	office bldg., INJURY OCC 21F. HOW Di hile 19 00 view the body ofter d Med. Director	ID INJURY OCCUR? 19	Tre City, give exact lacotian)
21A. A OR CCI DEATH OF IN (APPR 22. I that (ond h 23A. 5	ONTRIBUTING CH (natify medical extended of the control of the cont	(Day) (Year) (H	home, form, foctory, street, etc.,) Hour) 21E. INJURY OCCURRED While At	office bldg., INJURY OCC 21F. HOW DI hile 19 0 0 view the body ofter d Attending Med., Director 23D. ADDRESS	ID INJURY OCCUR? 19 6 to 10 ond that in (my) (our) opleath.	Inloh death occurred or
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21A. A OR CT	ONTRIBUTING CH (natify medical extending medical	this hospitol) at the deceosed concess stoted	home, form, foctory, street, etc.) Houri 21E. INJURY OCCURRED While At Not Will At Work At Work Ittended the deceased from obove. (1) (We) (did) (did nat) DEGREE A PL DEGREE DEGREE	office bldg., INJURY OCC 21F. HOW D hile	ID INJURY OCCUR? 19 6 10 77 ond that in (my) (our) op leath. Staff Phys. 4 Ve	Inloh death occurred of Balt. 21-6
21A. A OR C' OR C' OR C' OR C' OR C' OR C' OF IN (APPR 22. I that (ond h 23A. 5.	ONTRIBUTING CH (notify medical extending medical	this hospitol) a the deceosed of couses stoted 248. DATE 6-5-69	home, form, foctory, street, etc.) Houri 21E. INJURY OCCURRED While At Not Will At Work At Work Ittended the deceased from obove. (1) (We) (did) (did nat) DEGREE 24C. NAME of CEMETERY of C	office bldg., INJURY OCC 21F. HOW D hile	ID INJURY OCCUR? 19	Inloh death occurred of Salf. 2/- Sity, town, or county)
U 21A. A OR C'O DEATH U O DEATH U O OF IN (APPR 22. I that (ond h 23A. 5.	ONTRIBUTING CH (natify medical extending medical	this hospitol) a the deceosed of couses stoted 24B. DATE 6-5-69	home, form, foctory, street, etc.,) Hour) 21E. INJURY OCCURRED While At	office bldg., INJURY OCC 21F. HOW D hile	ID INJURY OCCUR? 19	Inloh death occurred of Salf. 2/- Sity, town, or county)



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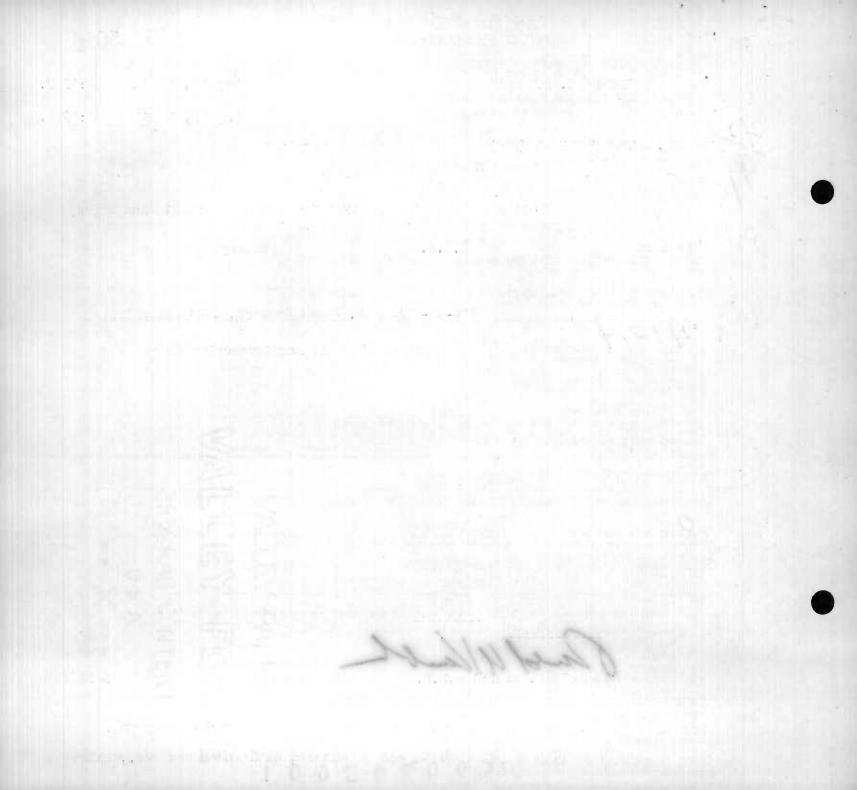
1	69 5609 BALTIMORE CITY HEALTH DEPARTMENT 69 5609
m-462	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.
	NAME OF DECEASED (Type or Print) CAROLINE MELLERSON 2. DATE Month Day Yeor Haur OF DEATH Estimated
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE PRONOUNCED DEAD 4. SE Month Day Year Hour PRONOUNCED DEAD May 30 1969 4:58 D M
43	OR INSTITUTION D.O.A. South Balto. General Hospital D.O.A. Maryland S. USUAL RESIDENCE (Where deceosed lived. If Institution: residence before admission) B. COUNTY Maryland
99	6. SEX 7. RACE B. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS? Male Colored WIDOWED DIVORCED Balto. YES NO
	9. DATE OF BIRTH 10. AGE (In years of Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER of Under 1 Yr. If Under 24 Hrs. Hours of Months, Doys of Hours of Min. 2303 Round Rd.
	Sumter of Country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME Mellerson
	TAA. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired) Lyp TAA. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME Lyp TAA. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME Lyp TAA. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME Lyp TAA. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME
	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO. Lucille Goodwin II35 Sharp Street Lapproximate interval
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It meons the disease, injury or complication which caused death.) CAUSE OF DEATH (A)IMMEDIATE CAUSE Craniocerebral injuries DUE TO, OR AS A CONSEQUENCE OF:
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) YES
	22A. EXTERNAL CAUSE WAS UNDERLYINĞ MOR CONTRIB. UNDERLYINĞ MOR CONTRIB. UTING □ CAUSE OF DEATH. 22B. PLACE OF INJURY(e.g., in or obout] 22C. WHERE DID (If in Boltimore City, give exact location) 150
	OF INJURY (APPROX.) 5 30 69 4:40 work AT WORK TY Passenger in auto-fixed object coll 23.
	I certify that I held an Inquiry Inspection AutopsyXX and that an this basis, death In my apinion resulted from: Natural causes Accident XX Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER
	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER
	NAME (Type) Edward F. Wilson, MD. And Strain May 31, 1969 24A. BURIAL CREMATION, 124B. DATE 124C, NAME of CEMETERY or CREMATORY 124D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 6-4-69 MC June All May 31, 1969 24D. LOCATION (City, town, or county) (Stote)
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR I Saiah L. Brown and Son I
	VS 151-REV. 1/1/6B



5-363

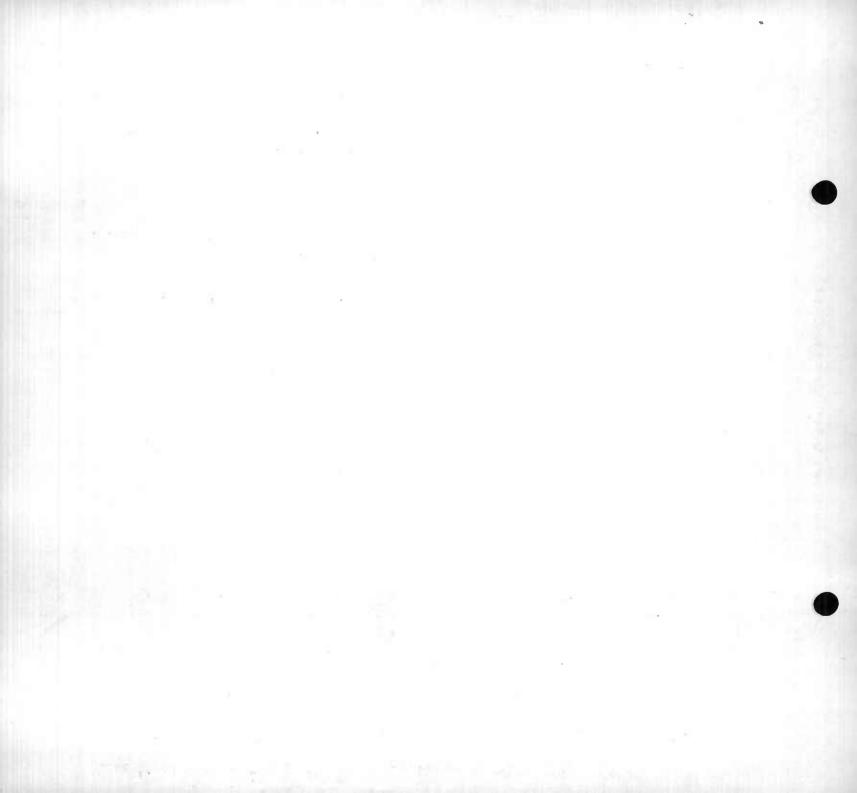
3	551	BALTIMORE CITY HEALTH DEPARTMENT
		THE STATE OF THE S

	S CERTIFICATE OF DEATH REG. 69 5610
BIRTH NO.	
(P) (Type or Print) IRENE T. STEWART	2. DATE Known Month Doy Yeor Hour OF Estimoted May 29, 1969 4:15 P. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD May 29, 1969 4:15 P. M. 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
ST. AGNES HOSPITAL (DOA)	A. STATE Maryland Balto. Co. 53-0
6. SEX 7. RACE B. MARRIED ☑ NEVER MARRIE WIDOWED ☐ DIVORCE	Paltimore
9. DATE OF BIRTH 10. AGE (In years left Under 1 Yr. If Under 2 Months Doys Hours 1 In the International Property of the Intern	4 Hrs. E. STREET AND NUMBER 432 1Alan Drive (4321 Alan Drive)
11. BIRTHPLACE (Stote or foreign country) Virginia 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Mallory
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR IND done during most of working life, even if retired)	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)	
1.4/2,41	BETWEEN ONSET AND DEATH
	riosclerotic cardiovascular disease
LEADING TO DEATH	DIATE CAUSE
heart failure, asthenia, etc. It means the disease,	D, OR AS A CONSEQUENCE OF:
Injury or complication which coused death.)	
UNDERLYING CONDITION LAST.	D, OR AS A CONSEQUENCE OF:
Z (c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	DN WAS PERFORMED 21. AUTOPSY? (Yes or No) no
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	Y(e.g., in or about 22C. WHERE DID (if in Baltimore City, give exact location) INJURY OCCUR?
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCU OF INJURY (APPROX)	NOT WHILE [7]
23. m. WORK	AT WORK
I certify that I held an Inquiry Inspection	Autapsy and that an this basis, death in my apinion
resulted fram: Natural causes Accident	Suicide Hamicide Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL / /2 Led //// /	ASSISTANT MEDICAL EXAMINER
SIGNATURE Description of Description	M.D.
EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER 5/30/69
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMI REMOVAL (Specify)	ETERY or CREMATORY 24D. LOCATION (City, town, or county) (State)
	rk Cemetery Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
JUN 3 1969 ymryo En Farber	Witzke, 4101 Edmondson Ave., 21229
VS 151-REV. 1/1/6B	05001

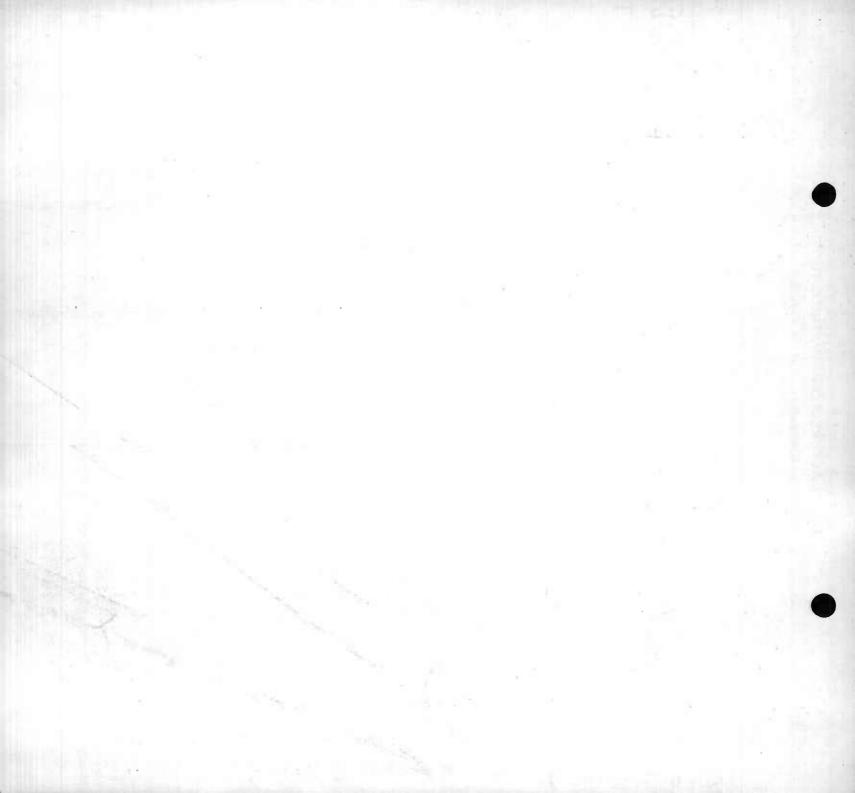


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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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BALTIMORE	CITY HEALTH DEPARTMENT	
69 5611 CERTIFI	ICATE OF DEATH REG. NO.	69 5611
NRTH NO.	2. DATE AND HOUR OF DEATH	
Type or Print) 11 rs. Nellie Jacobs	5-31-69	5:40 AM.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If ins	titution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Md .	28.54
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSI	DE CITY LIMITS?
Hood Convalescent Home Inc. 5313 Edmondson Ave. Balto 29 m.	Balto.	YES NO
53/3 Ed mond son 17 VE. David 21 mg	4.15 North Bend Road	
SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF SIRTH 9. AGE (In years lost birthday)	(f Under 1 Yr. 11 Under 24 Hrs. Months Doys Hours Min.
WIDOWED DIVORCE	- Material / V	
OA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR IND one during most of working life, even if retired)	USTRY 11. BIRTHPLACE (State or loreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	England	U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Thomas Hudson	Sarah	
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT	ADDRESS
no secont no.	Mrs. Margaret Lynch, 415 N	orth Bend Road
18.// CAUSE OF I	DEATH	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		BETWEEN ONSET AND DEATH
LEADING TO DEATH	TE CAUSE RESPUENCE OF:	muniter
(This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease,	OR AS A CONSEQUENCE OF:	
injuly al camplication which caused death.)		0
ANTECEDENT CAUSES	Dan ch pomeru onia	herric.
DISEASES OR CONDITIONS, if any, giving DUE TO,	OR AS A CONSEQUENCE OF:	
rise to the above cause (A) stating the UNDERLYING CONDITION last.		
UNDERLYING CONDITION last. (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	lo Vascular Insulfrain	my Ha
▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).	ve raseau omsay juan	a man con
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. JF /YES, WERE F	INDINGS CONSIDERED
	no	
U 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY	(e.g., in or obout 21C. WHERE DID (If In Boltimore eet, office bldg., INJURY OCCUR?	: City, give exoct locotion)
21D. TIME (Manth) (Day) (Year) (Hour) 21E, INJURY OCCURRE	D 21F. HOW DID INJURY OCCUR?	
	ot While	
Work At	Work	5/31 /26
22. I certify that (I) (this heaptat) ottended the deceased from	172 () ()	5/3/ 19/69
that (I) (we) lost sow the deceased alive on.	2/30 (19 69 ond that in (my) (aur) opin	nian deoth accurred on the dote
ond hour and fram the couses stoted obove. (I) (We) (did) (did	met) view the body after death.	
23A. SIGNATURE	/	23B. DATE SIGNED
Junes I holan mo GEGREE	Attending Med. Staff Phys. Director Phys.	5/3/169
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	
JJNOLAN	Bottomore me 21	229
4A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY	OF CREMATORY 24D. LOCATION (Cit	y, town, or county) (Stote)
Burial 6/2/69 Western Cemet	Poltimono Mam	vrl and
15A. DATE REC'D 8Y HEALTH DEPT. 25B. NAME OF REGISTRAR	ery Baltimore, Mar	ADDRESS
22.270	. 2	
3 150.8EV 1/1/68	Witzke, 4001 Admondson Av	Dog RIRRY



(4) 69 5612 BA	ALTIMORE CITY HEALTH DEPARTMENT 69 5612
BIRTH NO.	ERTIFICATE OF DEATH REG. No.
1. NAME OF DECEASED (Type or Print) CRAMER, MARY ADELINE	2. DATE AND HOUR OF DEATH 05-31-69 1 1:15 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DE	DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A, STATE 8. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVEN ADDRESS OR LOCATION)	IVE STREET MARYLAND BALTIMORE 21229 28-4
ST. AGNES HOSPITAL	D. INSIDE CITY LIMITS?
1/2	E_STREET AND NUMBER
40	821 WICKLOW ROAD
5. SEX 6. RACE 7. MARRIED X NEVER	
FEMALE WHITE WIDOWED D	DIVORCED 1 2 7 04 64
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS done during most of working life, even if retired)	S OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
HOUSEWIFE	MARYLAND U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CHARLES W. SUTER	BERTHA BOWERS
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or doles of service) SECUE	AL IT INFORMAN BALTIMORE, MD. 21229ADDRESS
2 1 8 (094820 ST. AGNES HOSP.WILKENS & CATON AVENUES
4-5/9	USE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(A)	IMMEDIATE CAUSE COLLOY OL HACUO) Y NORG.
hearl failure, asthenia, etc. It means the disease, injury at camplication which caused death.)	DUE TO, OR AS A CONSEQUENCE OF:
ANTECEDENT CAUSES	DUE TO, OR AS A CONSEQUENCE OF: Arterio Sclows
DISEASES OR CONDITIONS, if gay, giving	DUE TO, OR AS A CONSEQUENCE OF:
THE TO THE CONDITION !	
UNDERLYING CONDITION last. (C).	**************************************
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	00000000000000000000000000000000000000
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OP	PERATION 20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	FINITIPY (e.g., in or obout 21 C. WHERE DID.
S IDEATH (notify medical examined leic.)	octory, street office bidg., INJURY OCCUR?
	DCCURRED 21F. HOW DID INJURY OCCUR?
While At	Not While
Work L	SI WOR
22. I certify that (X) (this hospital) attended the decease	
that (N (we) last sow the deceased alive on MAY	
and hour and from the causes stated above. (4) (We) (dia 23A. SIGNATURE)	
11/1/1800	7) Attending Med. Stoff 23R DATE SIGNED
23C, PHYSICIAN'S	DEGREE Phys. Director Phys. 9
23C. PHYSICIAN'S NAME (Typo)	PC:) 23D. ADDRESS
Muhammad Affall 24A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEP	DEGREE CATON & WILKENS AVES BALTO MD 21229
REMOVAL (Specify)	METERY of CREMATORY 24D. LOCATION (City, town, or county) (Stoto)
	dge Cemetery Baltimore, Maryland
10N 3 1969 6666 6 404	Witzke, 4001 Edmondson Ave., 21229



B-652

69 5614 BALTIMORE CITY HEALTH DEPARTMENT

69 5614

		MED	ICAL	EXAMINER'S	CERTIF	ICATE O	F DEAT	H REG. NO.	00	001	3
I. NAME OF DEC	EASED				II2. DATE	Known 🗍	Month	Dov	Yeor	Hour	
(Type or Print)	MILTO	N RDTI	NSON		OF	Estimoted [1601		P. N
4 PLACE IN BAL				NOUNCED DEAD	3. DATE	Lammored	Month	Doy	Yeor	Hour	P. N
FULL NAME OF	(IF NO	T IN HOSPITA	LORINSTIT	UTION, GIVE STREET		UNCED DEAD				V . 25	n
OR INSTITUTION	ADDRE	SS OR LOCA	TION)		5. USUAL	RESIDENCE (WI	May 29		n: residence	before odn	nission)
SINA	I HOSP	ITAL			A. STATE	Maryland		B. COUNTY	11	5-1	2
6. SEX	7. RACE		8. MARRIE	D NEVER MARRIED				D. INSIDE CI	TY LIMITS?		,
Male	Negr	0	WIDOWE	D DIVORCED	Bal	timore		YI	ES 🗌	NO 🗌	
9. DATE OF BIRTH		10. AGE (In lost birthdo	y)18	f Under 1 Yr. If Under 24 Hrs lonths, Doys, Hours, Min		AND NUMBER	Arrantia				
Sept. 24,				0.7.7511.05		Cottage	Avenue				
U.S.A.	itate or foreig	n country)	12	WHAT COUNTRY?	13. FATHE	R'S NAME					
	PATION (Give	e kind of work	148. KIND (OF BUSINESS OR INDUST	RY 15. MOTH	ER'S MAIDEN N	IAME				
done during most of w		en ifretired)	II.S.	Army							
16. WAS DECEASE	ED EVER IN	U.S. ARMED	FORCES?	17. SOCIAL	18. INFOR				DDRESS		
(Yes, no or unknown) Yes	(If yes, give w	vor or dotes	of service)	SECURITY NO.	Mrs Ca	rene For	d 3642 C	ottage		Balto.	
19. 3	49			CAUSE OF DE	ATH					PPROXIMATE VEEN ONSET	
DISEAS	E OR COND	ITION DIREC	CTLY	Broncho	pneumon	ia compl:	icating	intrave	nous		
	LEADING TO			(A)IMMEDIATE	CAUSE						
heort foilure,	ot meon the , osthenio, etc. aplication which	. It meons the	diseose,	XXXXXXX	**************************************	NIKN KEKE:	as er er en en alpais as albas er en en 10° 60° 00° 00° 00° 00°	go dan sam sam spannin gab uph ada gab agab ata Aminin man aga da	,		
				narce	otism						
	OR CONDITION		CIVING	(B)		EQUENCE OF:					
RISE TO THE	E ABOVE CAL	USE (A) STAT	ING THE	, , , , , , , , , , , , , , , , , , , ,		EGOETIOE OTT					
Z	NG CONDITI	ON LASI.		(C)							
SE S		11	O LIZBIBLITIA	10							
O THE DEA	ATH BUT NOT	RELATED TO	THE TERMIN								
DISEASE OR	CONDITION			OR WHICH OPERATION V	VAS DEDECID	MED			21 AUTO	OPSY? (Ye	s or No
B DAIL OF	OLEKANO	1 205. CO1	ADIIIOI4 F	SK WINCH OF EKAHON V	INS TERTOR	MED			Zii Aoic		,
-	NIAL CALICE	NAVA C	la:	B DIACE OF INITIDY/	in an abaut	22C WHERE DI	D /# := 9-14:	a City nive and	ant location \	yes	
UNDERLYING UTING CA		TRIB-	h	2B. PLACE OF INJURY(e.gome, form, foctory, street, off	ice bldg., etc.)	INJURY OCCUP	??	e City, give exc	ici roconon)		
≥ 22D. TIME		oy) (Yeor) (Hour)	22E.INJURY OCCURRED		22F. HOW DID	INJURY OCC	JR?			
(APPROX.)			n		WORK						
23.	- 1										
I cert	ify that I h	eld on I	nquiry 🗌	Inspection A	utopsy	ond that o	n this bosis,	deoth in my	oplnion		
result	ted from: N	atural cay	ses X	Accident Suic	ide 🗌 🕒	lomicide 🗌	Undetermi	ned monner [
)	10.	17 .1		CHIEF MEDICA	L EXAMINER			DATE CI	CNIED
ACTUAL	IDE /	Ewly	MI	1 mel	ASS	SISTANT MEDICA	AL EXAMINER	x		DATE SI	SINED
SIGNATI			W I J	100	ASS	OCIATE MEDICA	AL EXAMINER		F 10	0.160	
NAME (T		onald l	N. Kor	nblum, M.D.					5/3	30/69	
24A. BURIAL CREA	MATION. 2	48. DATE		24C. NAME of CEMETER	Y or CREMAT	ORY 2	D. LOCATION	(City, tow	n, or county	·) (S	itote)
REMOVAL (Special		June 2	_					more Md			
25A. DATE REC'D		4	10	ME OF REGISTRAR	2510	ward Cou	nty Fune	ral f	PDRESS lary La	tt Cit	ty
	JUN	3 196	17 ne	ser colores	-010	6 0			J 201		
VS 151-REV. 1/1/68	3		1		0						



FUNERAL

VS 150-REV. 1/1/68

NO T

ADDRESS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

(State)

ADDRESS

Il Under 24 Hrs.



VS 150-REV. 1/1/68

MARYLAND BALTIMURE

X

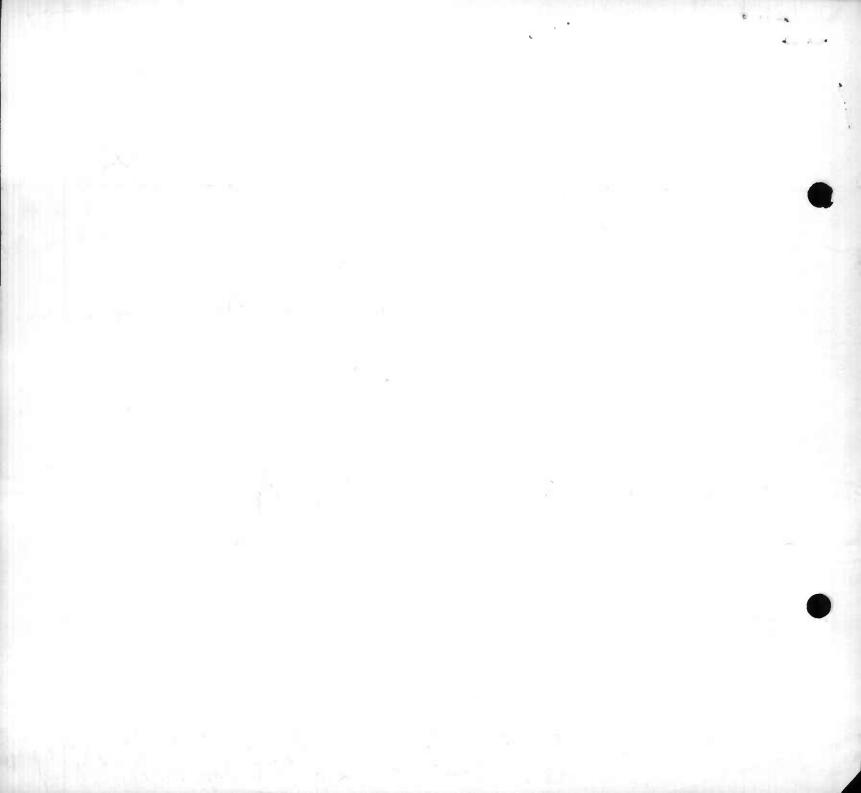
4940 EASTERN AVE. BALTIMORE, ND.21224 #3 BAYSIDE AVE. 21652 005

ale inte # 6-20-85 83

FACTORY U.S.A.

ALSINDOLG

212-10-7755A ECH RECORDS: PALTIMORE, MARYLAND # 21224



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

	69 5	BALTIMORE CITY	HEALTH DEPARTMENT		100	
BIE	ATH NO. Loren III	CERTIFICA	TE OF DEATH	REG. NO	190	5618
1.1	NAME OF PECEASED SPANN	WILLIAN	2. DATE AND	HOUR OF DEATH	6/1/6	9 M
3.	PLACE IN BALTIMORE, MARYLAND, WHERE FRO	DNOUNCED DEAD	4. USUAL RESIDENCE (Where		sitution: residence b	efore odmission)
FU	ILL NAME OF (IF NOT IN HOSPITAL OR IN DISPITAL OR ADDRESS OR LOCATION) STITUTION	STITUTION, GIVE STREET	C. CITY OR TOWN	rry Si	DE CITY LIMITS?	-02
10	2// 1 1// 12 Taine	Cono Com	Balto - MA	lo	-	0
-	Harbor Clew Mig13	Loft Booto 21238	282/ W	· Mulb	orry ?	24
5.	sex 6. RACE White 7. MARE WIDON		B. DATE OF BIRTH 9.	AGE (In years ost birthdoy)	Months Doys H	If Under 24 Hrs.
	CUSUAL OCCUPATION (Give kind of work 10B, KIN) ne during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreig	n country)	12. CITIZEN OF W	HAT COUNTRY?
			Objon T	enn	u s	Δ
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM			
15. (Ye	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dates of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRES	S
	18. / 0 4	CAUSE OF DEAT	H	-		MATE INTERVAL
	DISEASE OR CONDITION DIRECTLY		1/	0	BEIWEEN	ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAL		leemin	m	int.
	(This daes nat meon the mode of dying, heart failure, asthenia, etc. It means the dise		A CONSEQUENCE OF:			
	injury or complication which coused death.)		. 101	7 / 0		
	ANTECEDENT CAUSES	(B) CORC	A CONSEQUENCE OF:	wspire		25 1
	DISEASES OR CONDITIONS, if ony, gi rise to the above cause (A) sloting		R CONSEQUENCE OF:			
	UNDERLYING CONDITION last.	(c) 2/15	The mer	25/2505		
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI					
CA	DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE I	FINDINGS CONSID	ERED
ERTIFI	WAS PERFORMED			IN CERTIFYING CA	USES OF DEATH?	
AL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)		(If to Boltimor	e City, give exoct loc	otion)
EDIC	21D.TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?		
2	(APPROX.)	While At Not While Work At Work	e 🔲			
	22. I certify that (I) (this hospital) attend		7	69 10 6	10	19 CE
	that (we) last sow the deceased alive	an 6/1	19 6 9 and tha	t In (my) (aur) api	nion death accurr	
	and haur and from the causes stoted obay	e. (A) (We) (did) (did not)	riew the body after death.			
	23A. SIGNATURE	An Iland Atta	ending Med. S	staff [23B. DATE SIGNED	
	1. C. / Thering	DEGREE Phy	s. Director P	hys.	0/1/6	
	23C. PHYSICIAN'S NAME (Type) C. ALEVIZA	105 M.O	23D. ADDRESS 1209 57	Hand S	to 212	0>
24/	REMOVAL (Specify)	C. NAME OF CEMETERY OF CR	EMATORY 24D, LO	CATION	IN John & Longin	(Stote)
	Burial IIIAI 9 6/6/69	National Cem	etry Ade	Applyes / Ha	alstead 1	.206 W
25/	A. DATE REC'D BY HEALTH DE STEEL	L WEISYAR ME	25C. FUNERAL DILECTOR		ADDI	RESS Ave
	de	O A LA) Stal Qto	ig 19	Olo W N	100-Th
1/6	150_DEV 1/1/6R					VINC

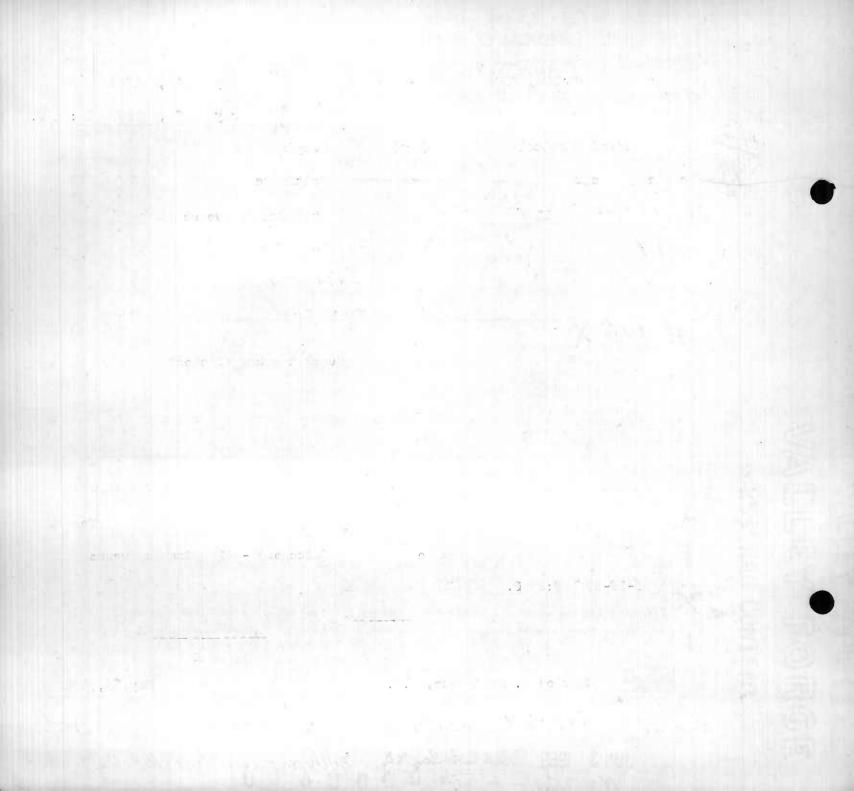
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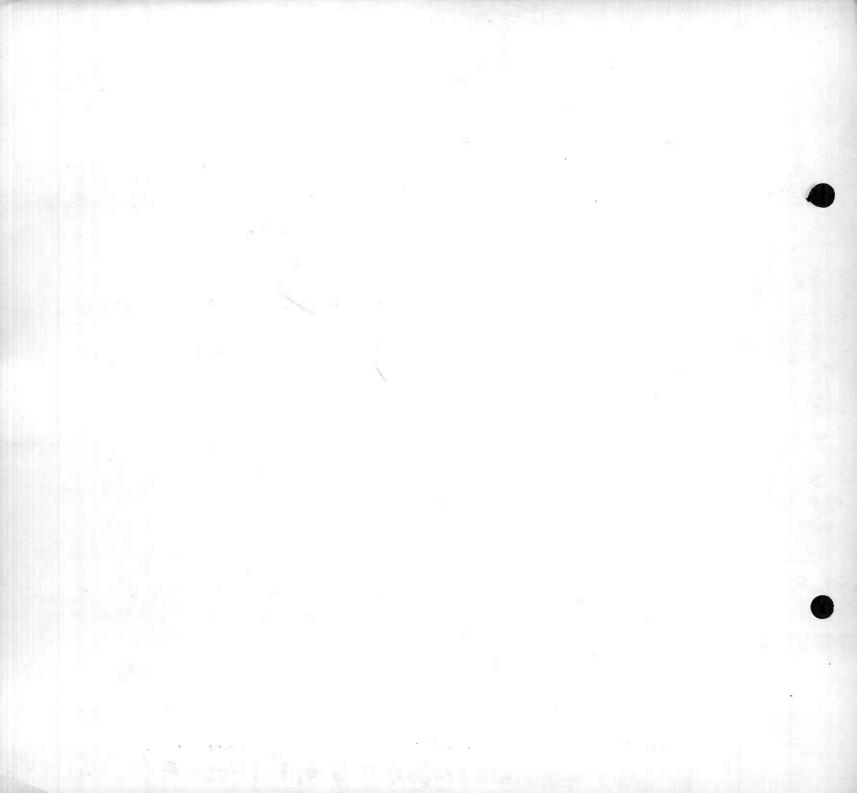
69 5649 BALTIMORE CITY HEALTH DEPARTMENT

- 001	L, C				- 1
MEDICA	L EXAMINER'S	CERTIFICATE	OF	DEATH REG	NC

MEDICAL BIRTH NO.		CERTIFICATE OF DEATH REG. NO.	9 5619
1. NAME OF DECEASED (Type or Print) GLENDA MUN	50 N IGO	2. DATE Known X Month Doy OF DEATH Estimoted May 28,	Yeor Hour 1969
4. PLACE IN BALTIMORE, MARYLAND, WHERE P FULL NAME OF (IF NOT IN HOSPITAL OR INS HOSPITAL ADDRESS OR LOCATION)		3. DATE Month Doy PRONOUNCED DEAD May 28,	Yeor Hour 1969 10:41 P.M.
Sinai Hospital	(DOA)	S. USUAL RESIDENCE (Where deceosed lived. If institution A. STATE Maryland B. COUNTY	n: residence before odmission)
6. SEX 7. RACE Negro WIDON	RIED NEVER MARRIED U	C. CITY OR TOWN Baltimore D. INSIDE C	ES NO
Pec, 13, 1946 10. AGE (In years lost birthdoy) 22	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	e. STREET AND NUMBER 4209 Granda Avenue	
11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	Allen Anderson	Brisker in
14A.USUAL OCCUPATION (Give kind of work) 14B. KINI done during most of working life, even if retired) A 0 4 5 C W 1 T C	OF BUSINESS OR INDUSTRY	Sula Haines	
16. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no or unknown) (If yes, give wor or doles of service)	17. SOCIAL SECURITY NO.	11 1	DDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or complication which caused death.)			APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DESEASE OR CONDITION GIVEN IN PART 1 (A) 20A. DATE OF OPERATION 20B. CONDITION	(c)	AS A CONSEQUENCE OF:	
TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A)		AS PERFORMED	21. AUTOPSY? (Yes or No)
Z 22A EXTERNAL CAUSE WAS	228 PLACE OF INITIBY	In or about 22C. WHERE DID (If in Boltimore City, give ex	Yes
UNDERLYING TOR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hou OF INJURY (APPROX.) 5-28-69 9:30 D.	home, form, foctory, street, offic	INJURY OCCUR? (Kitchen) - 4209 Grand; 22F. HOW DID INJURY OCCUR? WHILE	
TAME (Type)	Accident Suicion M.D. Springate, M.D.	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	DATE SIGNED May 29, 1969
24A. BURIAL CREMATION, REMOVAL (Specify) Surial 25A. DATE REC'D BY HEALTH DEPT. 25B. N	Arbutus N	1em. PK. Arbutus	ADDRESS (Stote)
	Best E. Farber M.D.	Sullivan Funeral Home-N	Address Arlington Ave

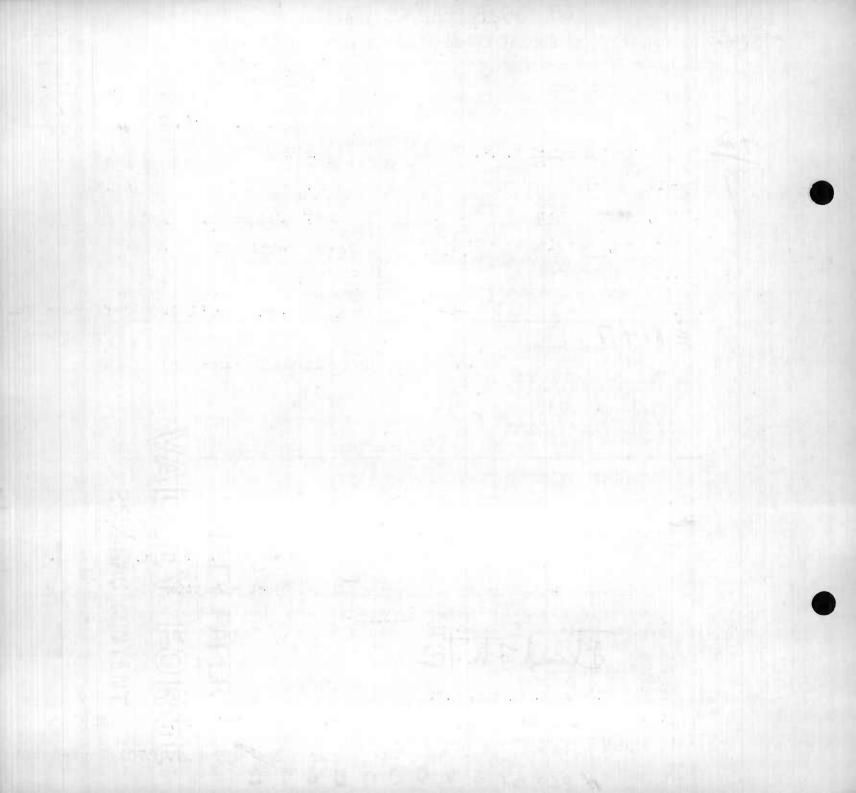


BALTIMORE CITY HEALTH DEPARTMENT



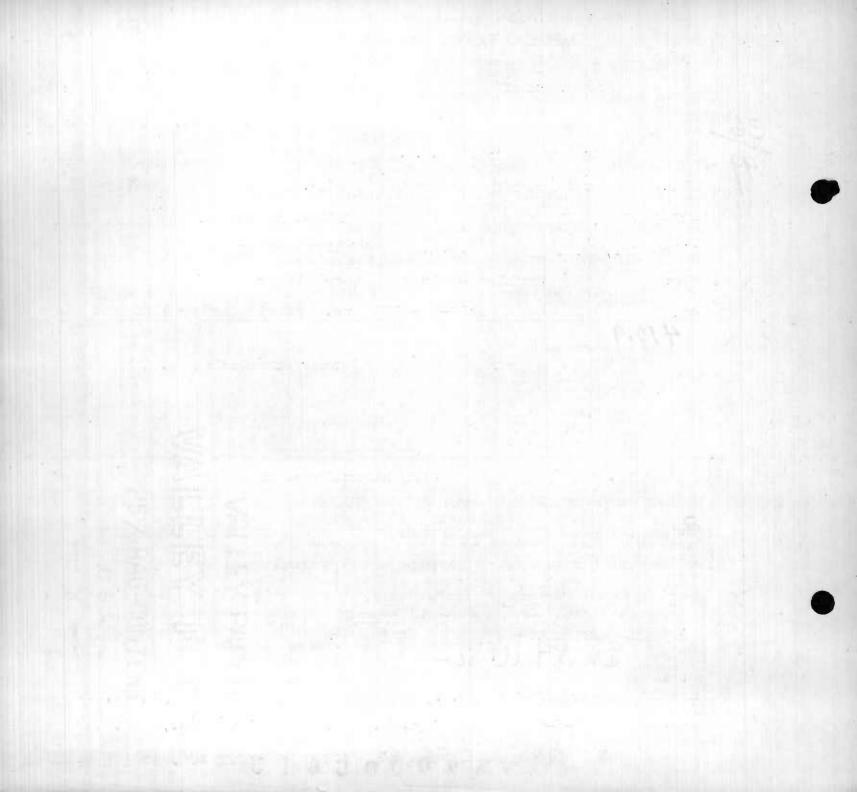
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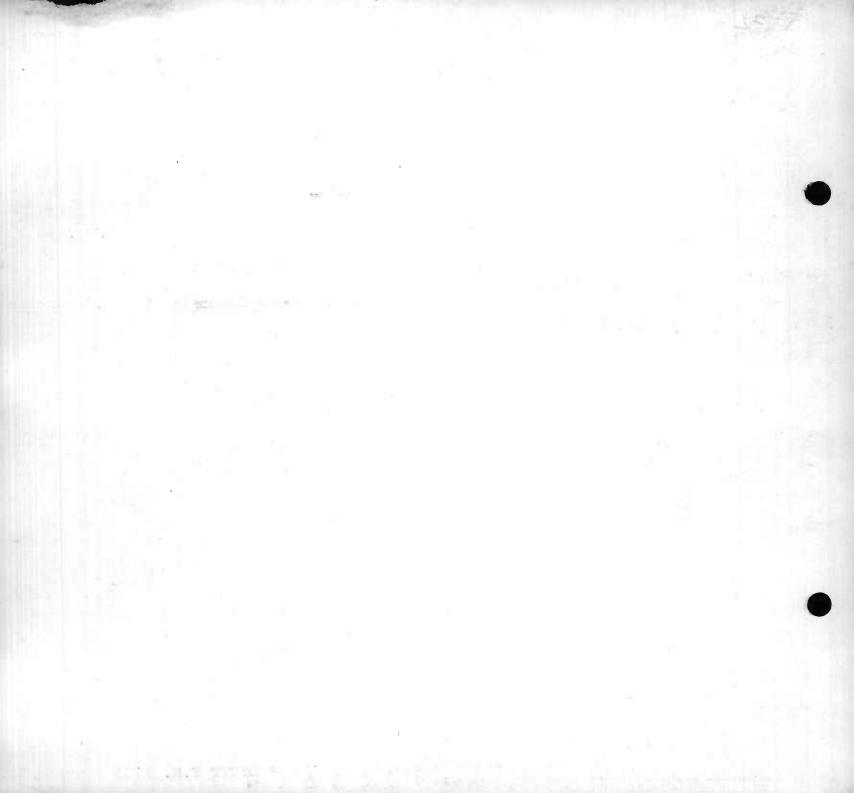
BIRTH NO. 67-13023 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.
1. NAME OF DECEASED	2. DATE Knowns Month Doy Yeor Hour
(Type or Print)	OF The state of th
MICHELLE HAZEL 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted 5 31 69 1:15 p.m.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION)	May 31, 1969 1:15 p m.
ORINSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
Sinai Hospital D.O.A.	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?
MARKIED INEVER MARKIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Female Colored WIDOWED DIVORCED	Balto. YES ☒ NO ☐
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER
July 4, 1967 lost birthdoy) Months, Doys, Hours, Min.	2607 0 1 1 - D
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	3627 Columbus Dr.
Baltimore, Maryland WHAT COUNTRY?	Larry Cuttingham
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	
done during most of working life, even if retired) Child	Barbara Hazel
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Mrs. Barbara Powell 1208 Jefferson Ct
19. CAUSE OF DEA	
E 1/4. 1	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	CAUSE Multiple injuries
(This does not mean the mode of dying, e.g., heart faifure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:
injury or complication which coused death.)	
11176577117 2111672	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A SUNSEQUENCE OF
Z UNDERLYING CONDITION LAST. (C)	
<u> </u> 2	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	그러 장신이 되는 그를 되는 무게 다 되었다.
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	AS PERFORMED 21. AUTOPSY? (Yes or No)
O STEED OF STEEDINGS CONDITION TOR WHICH OF EXCHION W.	21. Adiopsis (100 or 10)
, Physical Company of the Company of	YES
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. home, form, foctory, street, office UTING CAUSE OF DEATH.	in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) 15-// e bldg., etc.) INJURY OCCUR?
UNDERLYING OR CONTRIB. Street office Street	Columbus Dr. S. at Ridgewood Rd.
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY WHILE AT CO.	
	WHILE XX Subject pedestrian
23.	
I certify that I held an Inquiry Inspection Au	tapsy XX and that an this basis, death in my apinion
resulted from: Natural causes Accident XX Suicident	de 🔲 Hamicide 🔲 Undetermined manner 🗌
	CHIEF MEDICAL EXAMINER
ACTUAL TYME + MIC	ASSISTANT MEDICAL EXAMINER XX
SIGNATURE M.C	
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Edward F. Wilson, M.D.	June1, 1969
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	
REMOVAL (Specify) Burial 6-3-69 Mt. Auburn	Cemetery Baltimore, Maryland
25A. DATE REC'D BY HEATH DEPT 1969 200 NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	MORTON & DYETT F.H. 1701 Laurens St



69 5622 BALTIMORE CITY HEALTH DEPARTMENT

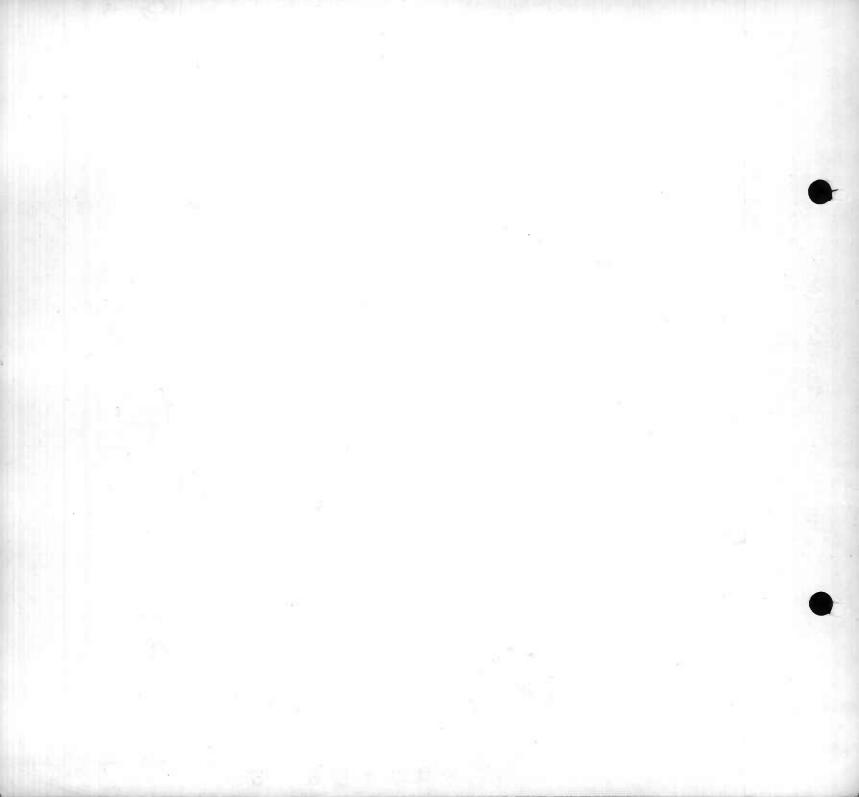
IRTH NO.	IVILLO	ICAL	EXAMINER'S				ALO. 14		
NAME OF DECEASED		2. DATE	Known 🖼	Month	Doy	Yeor	Hour		
ype or Print) JO		DEATH	Estimoted	5	30	69	10:54 av.		
PLACE IN BALTIMORE, A	NOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour		
ULL NAME OF (IF N	OT IN HOSPITA	L OR INSTITU	JTION, GIVE STREET	PRONOL	INCED DEAD	Mav	30.	1969	10:54 a M.
OSPITAL ADD R INSTITUTION	KESS OR LOCA	IION)		5. USUAL RE	SIDENCE (Where				
							B. COUNT	Y / (9-11
Frankl SEX 7. RACE	in Squa		pital D.O.A.	C. CITY OR	laryland_		In INSIDE	CITY LIMITS?	701
MAKKIED EN INEVER MAKKIED L					101111		D. 11451DE		
	ored	WIDOWE			to.			YES 🔀 .	NO L
DATE OF BIRTH	10. AGE (In		Under 1 Yr. If Under 24 Hrs onths: Doys: Hours: Min		ND NUMBER				
2-23-1923	46			131	7 W. Faye	ette Si	t.		
I. BIRTHPLACE (State or fore	eign country)	12	. CITIZEN OF	13. FATHER'	S NAME				
Dillon Co.,	S.C.		WHAT COUNTRY?	Walt	er Harl	.ey			
A.USUAL OCCUPATION (G	ive kind of work	14B. KIND C							
ne during most of working life, Laborer		Tarbi	son-Walker	Mars	Alford				
. WAS DECEASED EVER II			117 SOCIAL	18. INFORM				ADDRESS	
es, no or unknown) (If yes, give			SECURITY NO. 250-20-67		Franci	e Har	1017 2		ne Alamed
NO.			CAUSE OF DE		Flanci	s nar	TEY Z		PPROXIMATE INTERVAL
heart loilure, osthenia, e Injury or complication w		diseose,	DUE TO, OR	AS A CONSEQ	nary through				
heart laiture, asthenia, e Injury or complication w ANTECEDEN DISEASES OR CONDI RISE TO THE ABOVE UNDERLYING COND	IT CAUSES TIONS, IF ANY AUSE (A) STATITION LAST.	diseose, oth.) 7, GIVING TING THE	(8) DUE TO, OI	AS A CONSEQ	UENCE OF:				
heart laiture, asthenia, e Injury or complication w ANTECEDEN DISEASES OR CONDI RISE TO THE ABOVE UNDERLYING COND	IT CAUSES IT CAUSES TIONS, IF ANY AUSE (A) STAT ITION LAST. IT ONDITIONS CO	disease, oth.) 7, GIVING THE ONTRIBUTING THE THE TERMIN	(8) DUE TO, OI	AS A CONSEQ	UENCE ⁻ OF;				
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VS 150-REV. 1/1/68

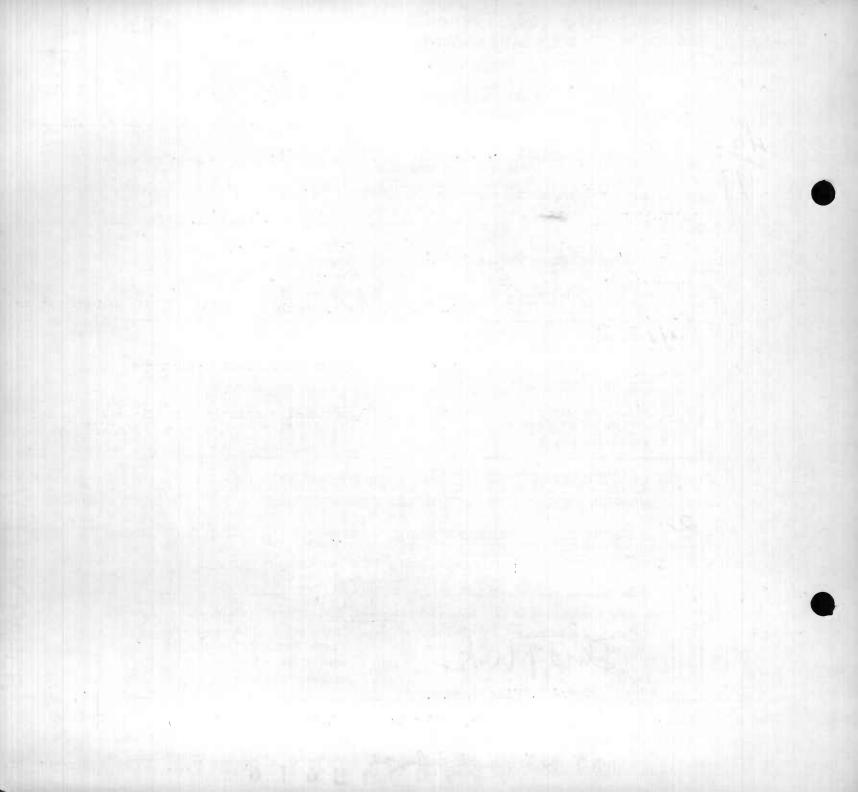
BALTIMORE CITY HEALTH DEPARTMENT



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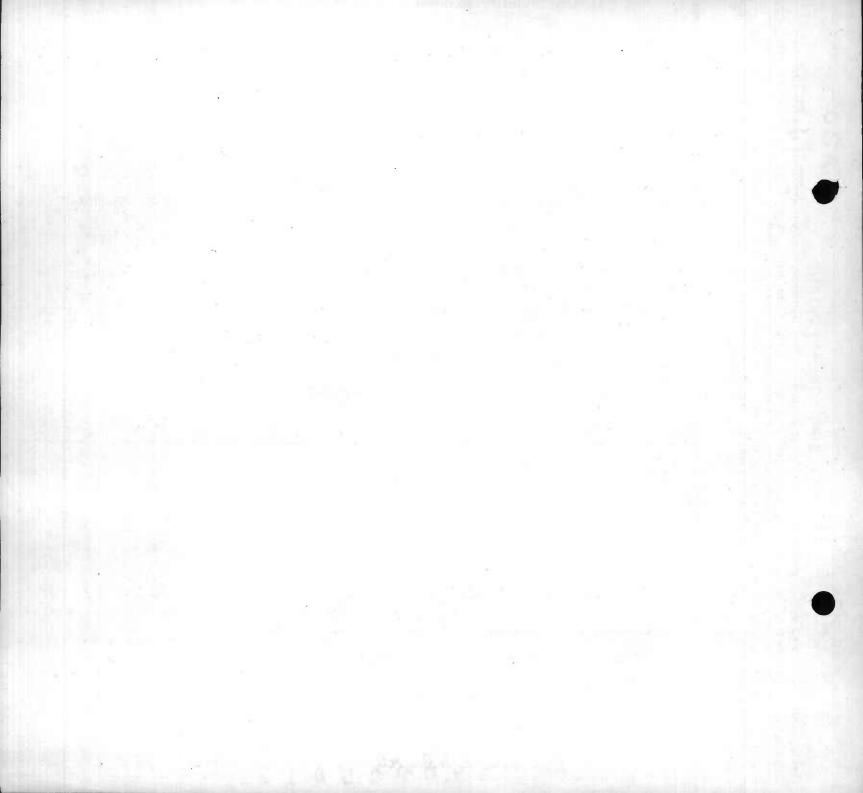
MEDICAL	EXAMINER'S	CERTIFICA'	[E OF	DEATH.
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BIRTH NO.		MED	ICAI	LLA	MINITALK 3	LKIIII	CAIL OI	DLAT	REG. NO). <u> </u>	
1. NAME OF DECEASED						2. DATE	Known sex	Month	Doy	Yeor	Hour
JAMES L SAMPLES						OF	Estimoted				
JAMES — SAMPLES 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						3. DATE	Estimoted Es	Month Month	Doy	69 Yeor	12:01 a.M.
					14	UNCED DEAD	Monni	Doy	1601	11001	
FULL NAME OF HOSPITAL	ADDRE	ESS OR LOCA	TION)	SIIIOIIOI	N, GIVE SIKEET			June	1	1969	12.01 M
OR INSTITUTION					5. USUAL RESIDENCE (Where deceosed lived. If institution; residence before admission) A STATE B. COUNTY						
Τ,	theran	Hogni	tal	D 0	A	A. STATE	Masser Land		B. COUNTY	16	-08
	7. RACE	поврт				C. CITY OR	Maryland TOWN		D. INSIDE	CITY LIMITS?	
MARKIED EL INEVER MARKIED											
Male	Negr			WED 📙	DIVORCED [ito.			YES 🔀	NO L
9. DATE OF BIRT	Н	10. AGE (Ir		If Unde	er 1 Yr. If Under 24 Hrs. Doys , Hours , Min.	E. STREET	AND NUMBER				
6-17-1932 lost birthday) Months Doys Hours Min.					1	103 Colb	ourne F	d.			
11. BIRTHPLACE	State or foreig	an country)		12. CIT	IZEN OF	13. FATHER					
WHAT COUNTRY?					TOL	nn A. Sa	mple				
MA USUAL OCCU	DATION GIV	ce kind of work	14B KIN	D OF BL	J.S.A.						
done during most of	working life, ev	en if retired)	140. KII4	01 00	SHAESS ON HADOSIN				n		
Superv				00			tie M.	MATICUL			Ro
16. WAS DECEAS	ED EVER IN	U.S. ARMED	FORCE	5? 1	7. SOCIAL SECURITY NO	18. INFOR				ADDRESS	isterstown
No.	(ii yes, give	wor or doles	OI SELVIC	9	20-24-104	9 Mrs.	Esther	: Samp	Te 28	310 Ke	isterstown
19.	0.0				CAUSE OF DEA	TH					PPROXIMATE INTERVAL
41	96, 94									BETW	VEEN ONSET AND DEATH
	E OR COND		CTLY								
	LEADING TO				(A)IMMEDIATE	AUSE Spor	taneous	brain h	emorrh	age	
	not meon the c, osthenio, etc				DUE TO, OR	AS A CONSEG	UENCE OF:				
injury or cor	nplication whi	ch coused de	oth.)								
		0.11050				1			4		
	NTECEDENT OR CONDITI		CIVINI		(B)	AS A CONSE	CLENSIVE	arterio	sclero	ric_dar	diovascular
RISE TO TH	E ABOVE CA	USE (A) STA			00210,01	70 11 001102	doriver or.			disea	ise
ZUNDERLYII	NG CONDIT	ION LAST.			(c)						
OTHER SIGN TO THE DE. DISEASE OF 20A. DATE O		II									
OTHER SIGN	NIFICANT CO	NDITIONS CO									
DISEASE OF	ATH BUT NOT										
20A. DATE O					HICH OPERATION W	AS PERFORA	AED			21. AUTO	PSY? (Yes or No)
8											
10/											YES
	NAL CAUSE			22B. PL	ACE OF INJURY (e.g., form, factory, street, office	in or about	2C. WHERE DID	(If in Boliimo	re City, give e	exoci locotion)	
UNDERLYING CA					o.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,					
≥ 22D. TIME		Doy) (Yeor	r) (Ho	ur) 22E	INJURY OCCURRED		22F. HOW DID II	NJURY OCC	UR?		
OF INJURY (APPROX.)						WHILE					
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23.						. Fre		Alta basta	Janah In m		
	tify that I h		nquiry				and that an	this basis,	death in m	ny apinian	
resul	ted fram: 1	latural cau	ses XX	Ace	ident Suici		amicida 🔲		ned manne	r [_]	
	3	1) 1		7	-		CHIEF MEDICAL	EXAMINER			DAYE SIGNAS
ACTUAL		W/	1	11.	K -	ASS	ISTANT MEDICAL				DATE SIGNED
SIGNAT		VC	1	10.1	M.I	,					
EXAMIN		1 1	,	-		ASS	OCIATE MEDICAL	EXAMINER			/
NAME (dward I	F. Wi			CDF1117	Ony Jan	LOCATION	1000	Jun	9 1, 1969
24A. BURIAL CRE REMOVAL (Spec		24B. DATE			NAME of CEMETERY			LOCATION		own, or county	
Buria		6-5-6	9	Mt	. Calvary	Cemet	.ery	Baltin	nore,	Ma.	ryland
25A. DATE REC'D				NAME C	F REGISTRAR	25C.	FUNERAL DIREC	TOR		ADDRESS	
		0 404	1		E. Farber, M	2					
	IIIN	3 196	244	(Alse)	5 C. Varber 7	Wa MC	DRTON, &	DVETTI	T3 T7	1701	Tarrage of Ob
		- W		000		-	TILL OIN O	MILTI	Г.П.	TIOT.	Laurens St



VS 150-REV, 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



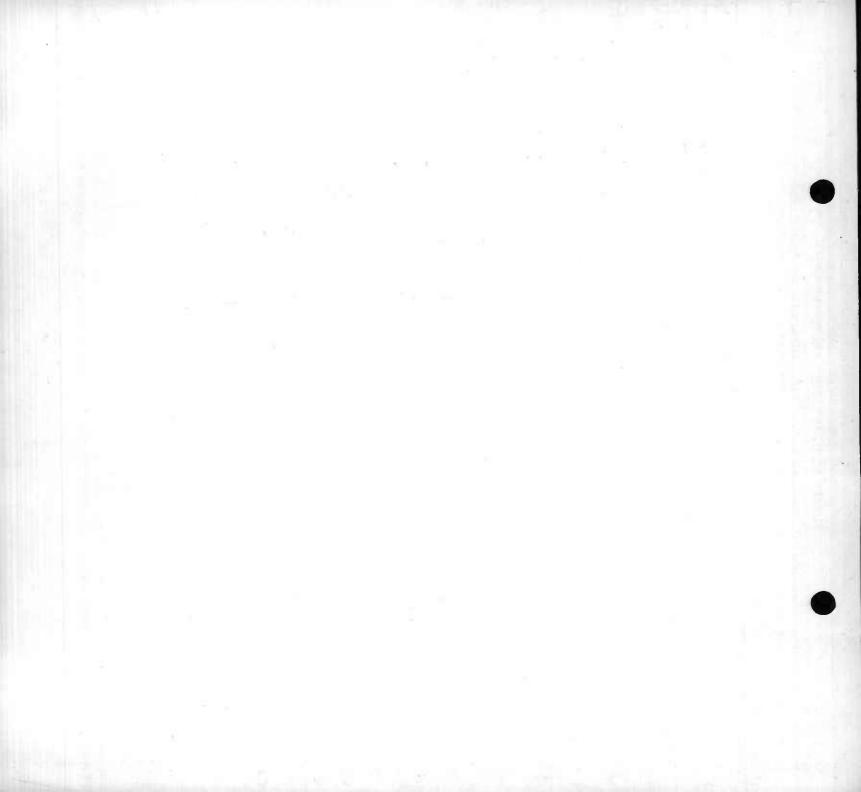
IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT



69 5628 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH
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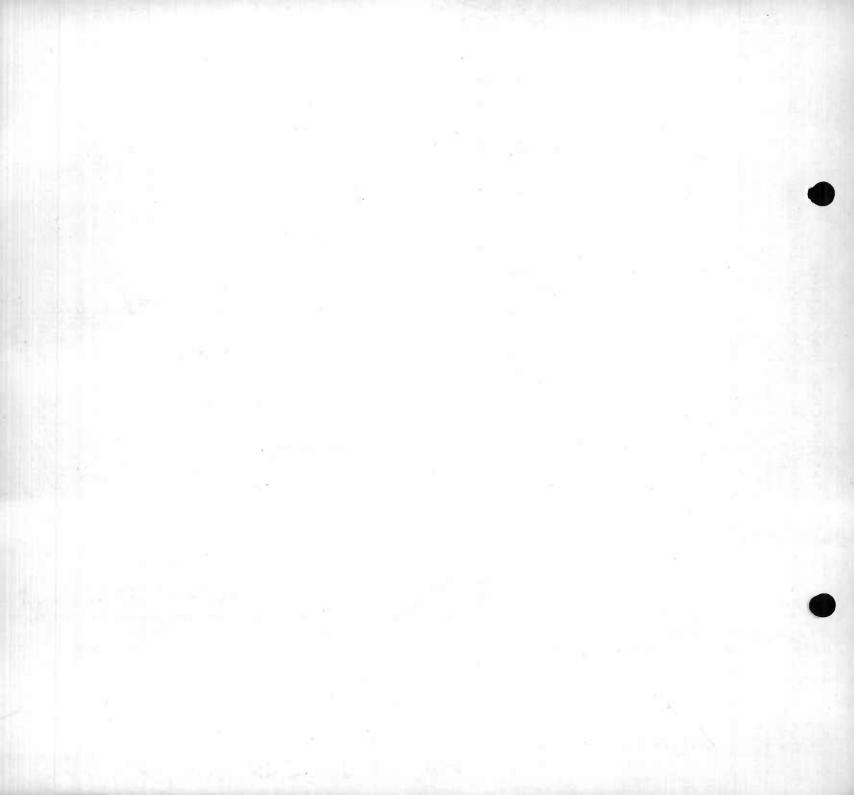
MEDICAL E	XAMINER'S	CERTIFICA	TE OF	DEATH	REG. NO.	69	5628
BIRTH NO.							
1. NAME OF DECEASED			nown	Month	Doy	Yeor	Hour
GEORGE SLEDGE		OF DEATH E	stimoted 🗀	May 3	0.1969		1:19 A.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRON	OUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUT ADDRESS OR LOCATION) OR INSTITUTION	ION, GIVE STREET	PRONOUNCE			0, 196		1:19 A.M.
		5. USUAL RESIDE	NCE (Where		COUNTY	residence l	petore odmission)
0 0 1027 N. Calhoun Street		Ma:	ryland			16-	02
	NEVER MARRIED	C. CITY OR TOW	VN.	1). INSIDE CIT	TY LIMITS?	
Male Negro WIDOWED	DIVORCED [Baltimo	ore		YE	s 🔀	NO 🗌
9. DATE OF BIRTH 10. AGE (In years lost birthdoy) 56	Inder 1 Yr. If Under 24 Hrs. oths: Doys: Hours: Min.	E. STREET AND		un Stre			
	CITIZEN OF	13. FATHER'S NA		ull Stie	er		
Weldon, North Carolina				Sledge	, Sr.		
14A.USUAL OCCUPATION (Give kind of work 148. KIND OF	BUSINESS OR INDUSTR	Y 15. MOTHER'S N	AAIDEN NA	ΛE			
done during most of working life, even if retired) Laborer		Lessie	Mille	er			
	17. SOCIAL	18. INFORMANT			ΔΓ	DRESS	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service) Yes.	SECURITY NO. 218-03-545			Sledg		27 N.	Calhoun
19.	CAUSE OF DEA	TH	A 100				PROXIMATE INTERVAL
EXECA	Fracture	Noole				REIW	VEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	riacture	Neck					
(This does not meen the mode of duing a c	(A)IMMEDIATE	CAUSE					
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR	AS A CONSEQUENC	CE OF:				
injury or complication which coused death.)							
ANTECEDENT CAUSES	4-1						
DISEASES OR CONDITIONS, IF ANY, GIVING	(B)	AS A CONSEQUEN	ICE OF:				
RISE TO THE ABOVE CAUSE (A) STATING THE							
UNDERLYING CONDITION LAST.	(C)						
2							
THER SIGNIFICANT CONDITIONS CONTRIBUTING							
DISEASE OR CONDITION GIVEN IN PART 1 (A).							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR	WHICH OPERATION W	AS PERFORMED				21. AUTO	PSY? (Yes or No)
		TO TENT ONNES				1	1311 (
							yes
Ul Ham Francisco Controls hom	PLACE OF INJURY (e.g., e, form, foctory, street, offic	in or obout 22C. V	WHERE DID	If in Boltimore	City, give exo	ct locotion)	02
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Dov) (Year) (Hour) 1:	Home			lhoun S	troot	10	02
	22E.INJURY OCCURRED	22F. H	HOW DID IN	JURY OCCUR	?		
OF INTITION		WHILE .					
(APPROX.) May 30,1969 1:00 A.m.	WORK L AT V	VORK E Sub	ject f	ell dow	n steps	3	
23.		m					
I certify that I held on Inquiry				nis bosts, d	,		
resulted from: Notural couses .	Accident X Suicio	de Homici	lde 🗌	Undetermine	d monner		
		CHIEF	MEDICAL E	XAMINER [
ACTUAL XXXX TVV 1	7	ASSISTAN	IT MEDICAL E		7		DATE SIGNED
SIGNATURE	M.E),			<u>-</u>	F /	20160
EXAMINER'S	36 70	ASSOCIAT	E MEDICAL E	XAMINER L	J	5/	30/69
NAME (Type) Edward F. Wils	on, M.D.	CDEMARON	Ta ce	LOCATION	1co		10
24A. BURIAL CREMATION, 24B. DATE 24B. DATE	4C. NAME of CEMETERY			LOCATION			
Burial 6-4-69	Baltimore	Nat'l Ce	em.	Baltim	ore,	Ma	ryland
	E OF REGISTRAR		RAL DIRECTO	OR .	Al	DDRESS	
JUN 3 1969 (12 Bed	E. Faber, M.D	MORTO	ON S. D	AE TO E	H. 1	701 T	Laurens S
	-	PICKE	OAV OX D	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		, 0 12 1	
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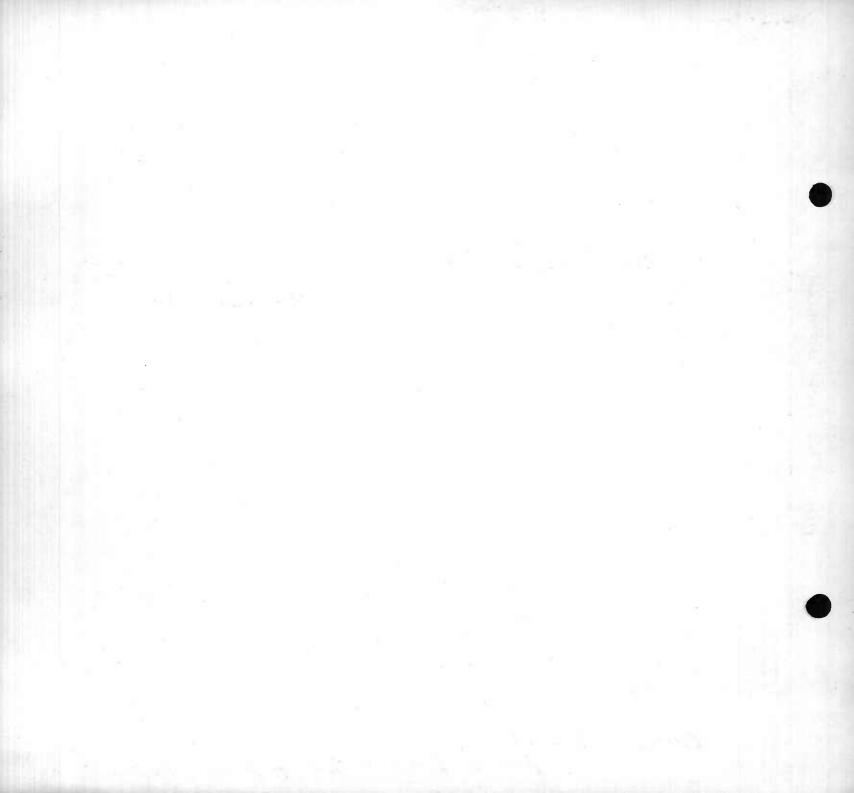




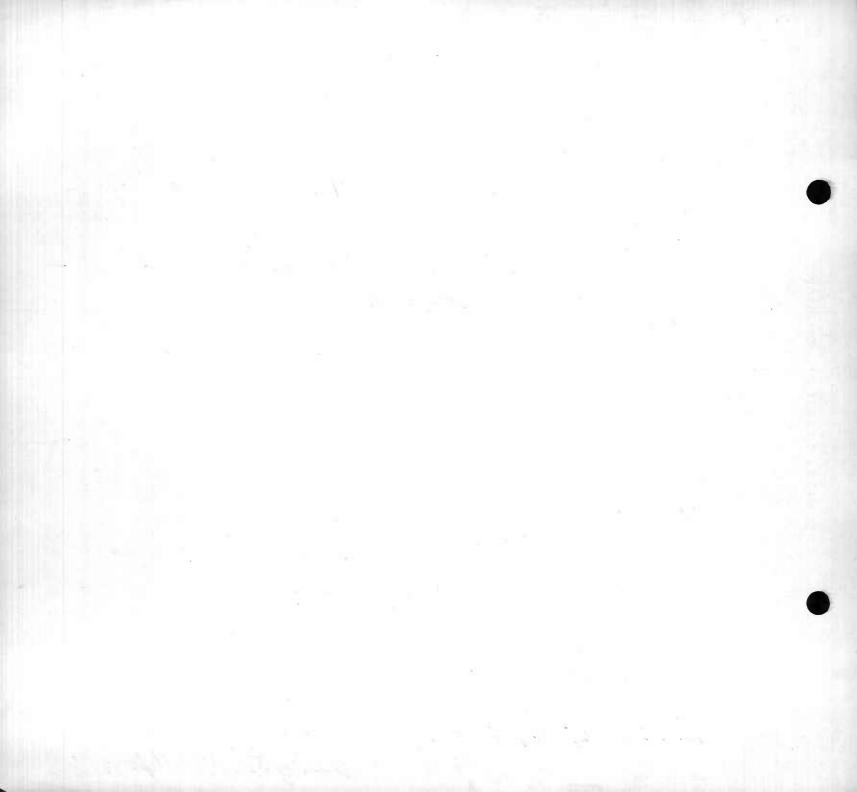


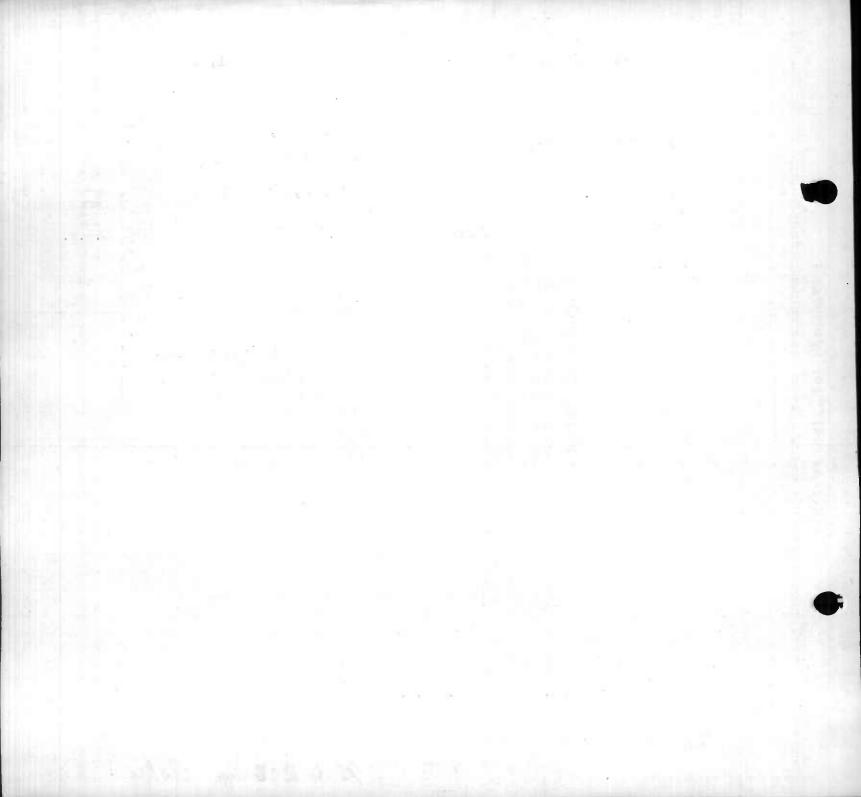
			69
	5631 CERTIFICA	TE OF DEATH	S. NO. 03 JOJI
I. NAME OF DECEASED	<i>p</i> - ,	2. DATE AND HOUR O	OF DEATH
(Type or Print)	oatilee	5/.3	11/19 230 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (Where deceosed	lived. Il institution: residence before admissio
		A. STATE B. COUNTY	111 12
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	C, CITY OR TOWN	1 7 - 0 D
NSTITUTION		D. Ot.	D. INSIDE CITY LIMITS?
a 1 1 Commelle	1 Wame	E. STREET AND NUMBER	YES NO NO
seriety, Johnson	26/10/10/	2312 10:	· · · · · · · · · · · · · · · · · · ·
SEX 6. RACE 7. AAADE	rall Ka	B. DATE OF BIRTH 19. AGE (In	sion si
-L III	RIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In lost birthdoy	
WIDON		Heb 11-1926 79	
OA. USUAL OCCUPATION (Give kind of work 10B. KIN) one during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreign country)	12. CITIZEN OF WHAT COUNT
Epausemile		Minamia)	7/81
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	0,0,7,
8 1 1		1 201 -	
samuel Vaylo	w	Walke of	und
S. Was Deceosed Ever in U. S. Armed Forces? (es,no or unknown) (II yes, give war or dates of servi	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Mallest & for	93131)
18.	CAUSE OF DEAT	H C C	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		Similar	BETWEEN ONSET AND DEA
LEADING TO DEATH		0. 3/=	HERNIATIN
	(A) IMMEDIATE CAL	ISE DRAIN FUR	16R
(This does not meon the made of dying, heart failure, asthenia, etc. It means the dise		A CONSEQUENCE OF:	
injury or camplicolian which caused death.)	,use,		Party and the second state of the second
ANTECEDENT CAUSES		Paris I	D
	(B)	BRAIN TUM	old o years.
DISEASES OR CONDITIONS, if any, gi		A CONSEQUENCE OF:	
rise to the abave cause (A) stoting			
UNDERLYING CONDITION lost.	(C)		
	(c)		
z II	BRAM	Tren Harajdin	1 / year.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINATION OF THE TERMINATION	NG //	noto's theroid.	his 1 year
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG Hashin	noto's theyroid.	his 1 year
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINATION OF THE TERMINATION	NG Hashin	noto's They roid, 20A. AUTOPSY? (Yes or No) 20B. IF Y	es, were findings considered fring causes of death?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION WAS PERFORMED	NG Hashin	IN CERTI	FYING CAUSES OF DEATH?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINATE OF THE TERMINATE OF THE TERMINATE OF THE TERMINATE OF THE	NG Hashin	n or obout 21 C. WHERE DID (If	ES, WERE FINDINGS CONSIDERED FYING CAUSES OF DEATH? In Baltimore City, give exact location)
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	che che	BIRTH NO.	TE OF DEATH
	l and death eased n the Such	(Type or Print)	2. DATE AND HOUR OF DEATH
	0 0 6	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
	hospit use of (5) De ance death	THE NAME OF THE NOT IN HOSPITAL OR INSTITUTION CIVE STREET	A. STATE, B. COUNTY /
		FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	_ ~ ~	Sur Kospidal	Baltimove YES NO
	cau cat	21001	E. STREET AND NUMBER
	butined ned alar d pr	5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF/BIRTH/ 9. AGE (In fears If Under 1 Yr. , If Under 24 Hrs.
	tri mi ge se	WIDOWED DIVORCED	BIR/02 lost birthdoy 66 Months Doys Hours Min.
	cea resident	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	1 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	or nde de	Kitized	Virginia O.S.A.
	if dect t) U was pos	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
17	Hird h h	William Muchell	Mary M.N. Unknown
A	e di ind; eath e on	15. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	17. INFORMANT
RT	th the d	yes WWI 118-14-04	9/Marcella mitchell (wife) same
POR	s as if any ced nda or	DISEASE OF CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
Z	Also e of noun atte	LEADING TO DEATH (A)IMMEDIATE CA	USE Myrcarlial Islantion less Tha
		(This does not mean the mode of dying, e.g., DUE TO, OR AS heart failure, osthenio, etc. It means the disease,	A CONSEQUENCE OF:
S	iner ner. actu pro ular mba	injury or camplication which coused death.) ANTECEDENT CAUSES	100 + 1 llo Ali sminares
5	am imi imi A fr	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR A	S A CONSEQUENCE OF:
RE	exe (3) n w in s	rise to the obove couse (A) staling the UNDERLYING CONDITION last. (C)	unknow
5	ical tal 1s; (cia cia as	II	austro
AL	em em	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
NER	y h	DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
Z	chie Bod Bod the ysic	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
5	the all by (2) ere o ph efor	OR CONTRIBUTING CAUSE OF Comp. foctory, street,	in or about 21 C. WHERE DID (If in Baltimore City, give exact lacotlan) office bldg., INJURY OCCUR?
	by the re; whe who	700	21F. HOW DID INJURY OCCUR?
	ed nosi	While At Not Wh	ile 🗆
	rov he he xce xce	22. I certify that (I) (this haspital) attended the deceased fram	1965 19 to 5/29 1969
	G + E 0 0	that (I) (we) last saw the deceased alive an	9 19 69 and that in(my) (aur) aplnian death accurred an the date
	9-05	and have and from the causes stated above. (1) (We) (did) (did not)	view the bady after death.
	e must be ap released to accident of t a hospital or to death);	23A. SIGNATURE	238, DATE SIGNED // 9
		Della i Degree Ph	tending Med. Staff
	was re An ac L at a prior	23C. PHYSICIAN'S NAME (Type)) < TELLAPT	23D. ADDRÉSS
	* 0 7 7	24A. BURIAL CREMATION, 24B. DATE 24C. MAME of CEMETERY OF C	REMATORY 24D. LOCATION (City, town, or county) (Stote)
	This certiful the body shows: (1) was D.O. deceased written a	Burial 6/2/69 Bactemino	Vatien . Daetemine mx.
	This certhe boc shows: was D. deceas	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	2SC/FUNERAL DIRECTOR ADDRESS
	### x b x	JUN 3 1969 guille & Jaben M.D.	Malugary Fallys 11270. Manu
		VS 1S0-REV. 1/1/6B	

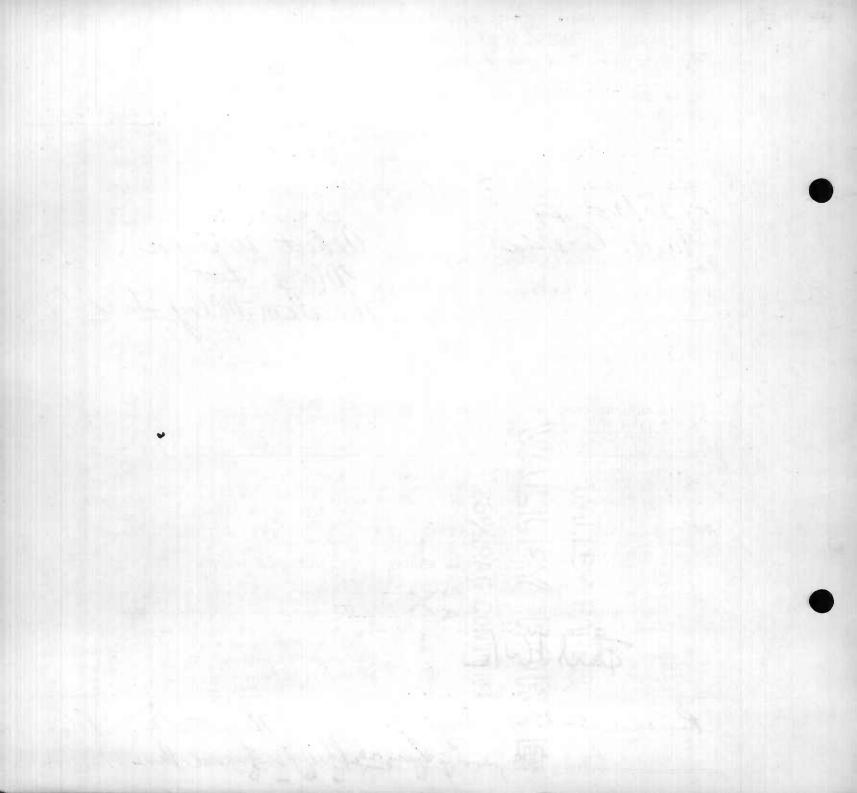




69 - 5635 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE	OF	DEATH .
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BIRTH NO.	KEG. NO.	
NAME OF DECEASED	2. DATE Known XX Month Doy	Yeor Hour
Type or Print) MATTHEW WILSON	OF DEATH Estimated 5 28	69 2:00 р м.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD	1060
HOSPITAL ADDRESS OR LOCATION) DR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution	1969 2:00 рм.
00	A. STATE B. COUNTY	residence before admission)
220 N. Amity St.	Maryland	18-01
5. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CI	TY LIMITS?"
Male Colored WIDOWED DIVORCED	Balto.	s 🗆 NO 🗆
P. DATE OF BIRTH / 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.		30 1100
Months, Doys, Hours, Min.		
1. B(RTHPLACE(Stote or foreign/country) 12. CITIZEN OF	220 N. Amity St.	
1. BÍRTHPLACE(Stote or foreign/country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	
Harth Caralena	Wellest Wylson	
4A. USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME	
one during most of working life, even if retired)	Wary Lette	
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT	DRESS / /)
Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	711 form Miller	And lead 110
	Warnell May 7	sarguas !! C,
19. 3 45, 91 CAUSE OF DEA	ATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		
LEADING TO DEATH	cause Epilepsy	1 1 1 1 1 1 1 1 1 1
(This does not mean the mode of dying, e.g., (A) IMMEDIATE DUE TO, OR	AS A CONSEQUENCE OF	\$\$\$### \$# \$# \$# \$# \$# \$# \$# \$# \$# \$# \$#
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)		
ANTECEDENT CAUSES (8)		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:	
INDERLYING CONDITION LAST		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W		
II CONTRACTOR OF THE CONTRACTO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
0 2		YES
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	, in or about 22C. WHERE DID (If in Baltimore City, give exa	
UINDERIVING OR CONTRIB. home, form, foctory, street, office	ce bldg., etc.) INJURY OCCUR?	
UTING CAUSE OF DEATH.		
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY	22F. HOW DID INJURY OCCUR?	
(APPROX) WHILE AI NO	T WHILE WORK	
23.		
I certify that I held on Inquiry I Inspection Au	utopsy XX and that on this basis, death in my	opinion
resulted from: Notural causes XX Accident Suici	de Homicide Undetermined monner	
41 11	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE THE M.E.	ASSISTANT MEDICAL EXAMINER	DATE STORES
SIGNATURE M.E	ASSOCIATE MEDICAL EXAMINER	
NAME (Type) Edward F. Wilson, M.D.		2/28/69
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY		, or county) (Stote)
REMOVAL (Specify) - 29/0	4/	
Kemoual 9-27-67 (Endery	Namotte 2	7/6.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR A	DDRESS
7/0	20 11 1018 1 1 1 1	(M AN W
11N 3 1969 vuryer E. Valber	Mely Juneral Han	ce //2/11. 11 burs



IMPORTANT

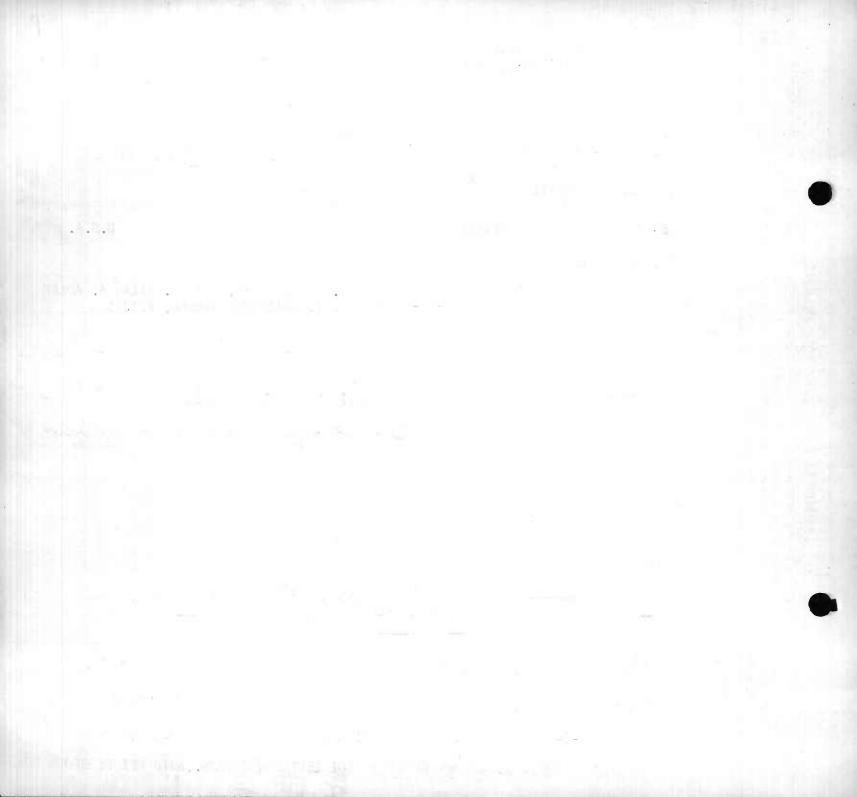
DIRECTOR:

FUNERAL

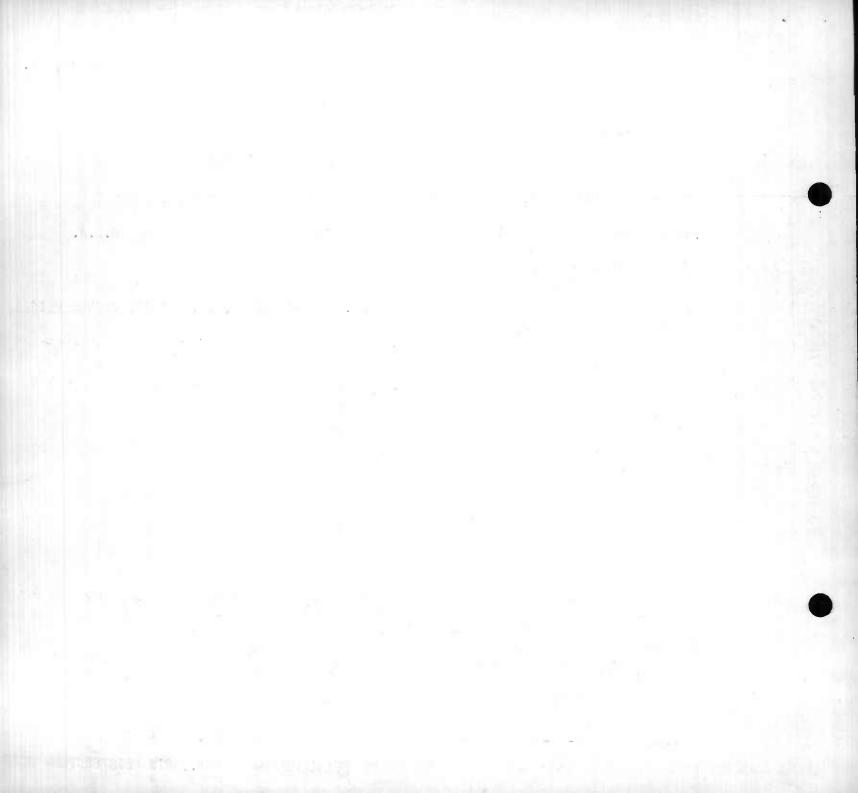
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BALTIMORE CITY HEALTH DEPARTMENT

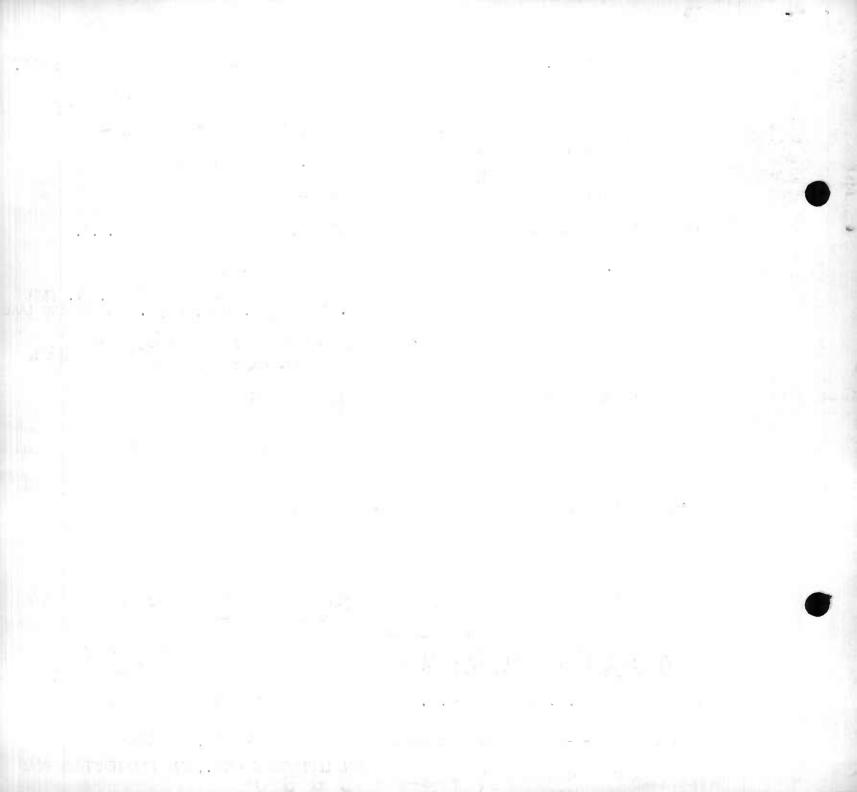
A-344 69 5	OOK	TE OF DEATH	REG. NO	69	5620
BIRTH NO. 1. NAME OF DECEASED (Type or Print) Charles a	Alles	2, DATE AND HO	OUR OF DEATH 30, 1969	9 9 30	A
3, PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where dec			re odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) Sinai Hospital of B		A. STATE Maryland C. CITY OR TOWN Baltimore E. STREET AND NUMBER 4623 Park	D. INSIDE YE	CITY LIMITS? ES NO	0
5. SEX MALE WHITE WHON	VED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9. AG lost bi		f Under 1 Yr. If I Nonths Doys Hou	Under 24 Hrs. rs Min.
done during most of working life, even if retired) SALESMAN RE	OF BUSINESS OR INDUSTRY	RUSSIA	untry) 1	2. CITIZEN OF WHA	AT COUNTRY?
RABBI LEVI ADLER		RAY ?	31.234		
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dotes of servi	16. SOCIAL SECURITY NO. 215-01-6580A	MRS. SYDEL ADLER, 5013 CHALGROVE			LER
hearl failure, asthernia, etc. II means the dise injury at complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, givise to the above cause (A) stoling UNDERLYING CONDITION last.	ving (8) DUE TO, OR AS (C) Ove	lebitis (R) Ce a CONSEQUENCE OF: rulebuing pre	elf	3 da 11 da	yp y
TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A. DATE OF OPERATION 179B. CONDITION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING		20A. AUTOPSY? (Yes or No) 20B. IN	IF YES, WERE FINE	DINGS CONSIDERE	D
21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, o etc.)	in or obout 21 C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Boltimore Ci	ity, give exoct location	on)
OF INJURY (APPROX.) (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED While At Not While Work Not Work		CCUR?		e tal
22. I certify that (I) (this heapttot) attended that (I) (was) last saw the deceased alive	on May 30	19 69 and that in		y 30 in death accurred	/
and haur and fram the causes stated abav	e. (i) (""=) (did) (did not)	view the bady after death.	laa	B, DATE SIGNED	
B 97	Ath	ending Med. Staff		5/30/	19
23C. PHYSICIAN'S NAME (Type) BGFCY Green:	M.D. DEGREE Phy	s. Director Phys. 23D. ADDRESS Sinai Hospita	al of B	altimos	2
24A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify) BURTAL 6-1-69 OH	C. NAME OF CEMETERY OF CR	ANSHE SFARD	timore, M	Yary lar	(Stote)
- CONTRACTOR	WE OF REGISTRAR	25C. FUNERAL DIRECTOR SOL LEVINSON & BI		ADDRES	



5.3 k 60 F	BALTIMORE CIT	Y HEALTH DEPARTMENT		00 -	00
5-350 69 5	638 CERTIFICA	ATE OF DEATH	REG. NO	69 5	b36
SIRTH NO.	<u> </u>				
NAME OF DECEASED			ND HOUR OF DEAT	н	
ANNA STEIN		MAY	28, 1969	10:	09 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (Wh A. STATE B. COU	ere deceased lived. If	institution: residence bet	lare admission)
		A. STATE B. COD	NII	15 1	1)
ULL NAME OF (IF NOT IN HOSPITAL OR II	NSTITUTION, GIVE STREET	MARYLAND		12-1	d
OSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. IN	VSIDE CITY LIMITS?	
2011 UTALET AUENIE		BALTIMORE		YES NO	
2911 VIOLET AVENUE		E. STREET AND NUMBER			
10		2911 VIOLET	AUENUE		
SEX 6. RACE 7. MAR		2911 VIOLET	9. AGE (In years	II Under 1 Yr., II	Under 24 Hrs.
SEX 6. RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	lost birthday	Months Doys Ho	
FEMALE WHITE WIDO	WED DIVORCED		8.3		
A. USUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WH	AT COUNTRY?
one during most of working life, even if retired)					
HOUSEWIFE A	T HOME	RUSSIA		U.S.A.	
FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME		
? MICHELSON		0			
. Was Deceased Ever in U.S. Armed Forces? es,no or unknown) (II yes, give war or dates all sen	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	JEGORIII NO.	100 10011111			Hadass
NO			<u>EIN, 2911 V</u>		
18. 410.9	CAUSE OF DEA	TH	4		ATE INTERVAL
DISEASE OR CONDITION DIRECTLY		+ musered	O Somboli	tin 1.	Lan
LEADING TO DEATH	(A) IMMEDIATE CA	ALISE THE TOTAL CONTRACTOR	al proprie	10	7
(This does not meon the mode of dying,	e.g., DUE TO, OR A	S A CONSEQUENCE OF:			X
heort foilure, osthenio, etc. It meons the dis	eose,	//	. /	(ra Da
injury or complication which coused death.)	anter	os elevotes Aka	I deser	e 37	,-020.
ANTECEDENT CAUSES	(B)				
DISEASES OR CONDITIONS, if ony, g		S A CONSEQUENCE OF:			
rise to the obove couse (A) sloting		20 00 -			
UNDERLYING CONDITION lost.	(c)	1000			
11					
	ING	hone			
TO THE DEATH BUT NOT RELATED TO THE TERMI					
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A.DATE OF OPERATION 19B. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	ol 208. IF YES WER	E FINDINGS CONSIDER	RED
WAS PERFORMED		2010131:1103 011	IN CERTIFYING	RE FINDINGS CONSIDER CAUSES OF DEATH?	
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED					
21A. ACCIDENT WAS UNDERLYING OF	218. PLACE OF INJURY (e.g.	olfice bldg., INJURY OCCUR?	(If In Boltin	nore City, give exoct loco	tion)
DEATH (notify medical examiner)	etc.)	once ologe, ittook! GCGK.			
21D.TIME (Month) (Doy) (Year) (Hour)		21F. HOW DID IN	JURY OCCUR?		
(APPROX.)	While At Not WI				
	WORK LA AT WOO	TK L	1	M 211	23
22. I certify that (I) (this hospital) atten-	ded the deceased fram	yeare,	19 <i>66</i> to	May 18	19 0 /
that (1) (we) last saw the deceased alive	an 1/1ay 18	0 19 69 and t	hat In (my) (our) o	pinian death accurra	d an the date
	0 1				
and havr and fram the causes stated aba	ve. (1)*(WE) (did) (did-not)	view the bady atter death.			
23A. SIGNATURE				23B. DATE SIGNED	10
I vanuel los		ttending Med.	Shaff	5/29/1	57
22C BHYSICIANS	DEGREE	23D. ADDRESS	Phys. 🗀		-
23C. PHYSICIAN'S NAME (Type)			L U		
MANUEL LEVI		6101 PARK	HEIGHTS AVE	NUE	
	4C. NAME OF CEMETERY OF C	EE		(City, town, or county)	(Stote)
REMOVAL (Specify)	AGLIAMINE OF GENETEKT OF C				(310(6)
	RUDOMER VEREIN	RO	SEDALE, MAR	RYLAND	
	AME OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRE	
11N 3 10CO 0 8	OCE BARRED MAD	O SOL ALEVINSON	& RPAC 41	010 REISTERST	
2011 9 1303 Vas	and And . Ep.	ON PENTINOON	a bros., or	TO RESTERM	
100 BEV/ 1/1/69					



BALTIMORE CITY HEALTH DEPARTMENT



FUNERAL DIRECTOR: IMPORTANT

C-160 69 5640 CERTIFIC	TY HEALTH DEPARTMENT
BIRTH NO.	ATE OF DEATH REG, NO. 69 5640
1. NAME OF DECEASED (Type of Print) WOLF CWEIBER	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
FULL NAME OF ADDRESS OR LOCATION) INSTITUTION GIVE STREET ADDRESS OR LOCATION) INSTITUTION INSTITUTION BALTIMORE, MD 21205	MARYLAND BALTIMORE 53-00 C. CITY OR TOWN BALTIMORE P. INSIDE CITY LIMITS? YES NO
33	E. STREET AND NUMBER 811 JUDY LANE
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED D	8. DATE OF BIRTH 9. AGE (in yeors of the line of the
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRE Merchant Chedrens Wear	Y 11. BIRTHPLAGE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY
JACOB CWEIBER	FANNIE KAGEN
15. Was Deceased Ever in U. S. Anned Forces? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 119-18-645	2 Sona Civiler 811 July Lago
injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving lise to the above cause (A) stating the UNDERLYING CONDITION last. (B) ATTECEDENT CAUSES DUE TO, OR ATTECEDENT CONDITION last.	e oscleratio heart diseases a consequence of:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994 DATE OF OPERATION WAS PERFORMED 214. ACCIDENT WAS UNDERLYING TO THE PLACE OF INJURY LOCAL	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYINO 21B. PLACE OF INJURY le.g., home, lorn, loctory, street, of DEATH Indily medical examines etc.) 21B. PLACE OF INJURY le.g., home, lorn, loctory, street, of the complete of the	in or about 21 C. WHERE DID (II In Baltimore City, give exact location) ffice bldg., INJURY OCCUR?
(APPROX.) While At Not Whi Wark At Wark	1001
22. I certify that (i) (this hospital) attended the deceased from that (i) (see) last saw the deceased alive on 3 / 1/24	19 let and that in (my) (eur) upinion death occurred an the date
Physical Phy	ending Med. Staff 3/ Can 69
23C. PHYSICIAN'S NAME (Type) DETT A. NOTUM DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME OI CEMETERY OF CR	Johns Hoakins Hospital Balto, Md. EMATORY 240 LOCATION (City, tolin, or county) (Stote)
1 June June 1/69 Chuzule (1) 25A. DATE REC'D BY, HEALTH DEPT. JUN 3 1969 VIOLEN E, Jabes M. D.	MUNT BOLLENAL, THE ADDRESS ADD
/S 150-REV 1/1/68	MACDINING NICHOLOGICA / COCCI / C



69 5641 BALTIMORE CITY HEALTH DEPARTMENT

	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH.
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BIR	TH NO.		MILD	ICAL	EXAMI	ILK 5 C	-LKIIII	CAILOI	DLAII	REG. NO.			
1. N	IAME OF DEC	EASKON ,	HART	24 0	E. LON	SOME	2. DATE	Knawn 🗍	Manth	Day	Year	Haur	
(Тур	e ar Print)	RLES			GAMBLE		OF DEATH	Estimated 🔀					М.
4. P			RYLAND, W	HERE PR	ONOUNCED DE	AD	3. DATE		Month	Doy	Yeor	Hour	191.
	NAME OF				ITUTION, GIVE STR	REET	PRONOI	INCED DEAD	Marr	25	1060	6.30	D
	NSTITUTION	ADDRE	SS OR LOCA	TION)		4 5 7 7	5 USUAL R	ESIDENCE (Wher	May	25,	1969	6:30	F.M.
2	2			1			A. STATE			. COUNTY	/) 🔥	211
7 6		rsity F	Hospita	-			Mary			D. INICIDE C	TV LIMITO	,0-0	7-1
6. S	EX	7. RACE		8. MARRI	IED 🗌 NEVER M	ARRIED	C. CITY OR	IOWN		D. INSIDE C			
	male	negr		WIDOW	ED DIV	ORCED		imore		Υ	es 🗓	ио 🗌	
9. D	ATE OF BIRTH	112-	10. AGE (In	yeors	If Under 1 Yr. If U Manths, Days, H		E. STREET A	ND NUMBER					
6	-/19-	1953	34	4			2103	W. Boyd	Street				
11.1	BIRTHPLACE (S	tate ar fareig	n cauntry)		12. CITIZEN OF		13. FATHER	SNAME	17 -1	7			
	Bac	40 1	かり		WHAT COUN	ITRY?	6/8	soles 2	1 de	mes	rech		
144.	USUAL OCCU	PATION (Give	kind af work	14B. KIND	OF BUSINESS O	RINDUSTRY	15/ MOTHE	R'S MAIDEN NA	ME 3	1			
dane	during mast of w	arking life, eve	en if retired				1	here.	500	HORA	n 6		
16	WAS DECEAS	ED EVER IN	IS ARMED	FORCES	? 17. SOCIAL		18 INEORA	AANT	4	A	DDRESS		
	ng ar unknown)					TY NO.		7	PIV	~ ('\~	P	2	PI
-		7 7 7					in	istor (" Lechas	shot!	410	PROXIMATE IN	TERVAL
	304	- 1 1			CAU	ISE OF DEA	IH					EEN ONSET AN	
	DISEAS	E OR COND	ITION DIREC	CTLY			Tnf	ravenous	narcot	ism			
		LEADING TO			(A)	IMMEDIATE C		7. 6. 7 0 1 1 0 6 0	11012 000	2 0011			
	(This does no heart failure	ot mean the asthenio, etc.	mode of dy	Ing, e.g., disease,			AS A CONSEQ	UENCE OF:					
		plicotian which											
	Ab	ITECEDENIT	CALICEC										
		OR CONDITION		. GIVING	(B)_	DUE TO, OR	AS A CONSE	QUENCE OF:					
	RISE TO THE	ABOVE CAL	USE (A) STAT										
Z	UNDERETH	G CONDIII	ON LAST.		(C)_								
CERTIFICATION			II										
ે		IFICANT CON											
		CONDITION											
黑	20A. DATE OF	OPERATION	1 20B. CON	NOITION	FOR WHICH OPE	RATION WA	AS PERFORM	IED			21. AUTO	PSY? (Yes or	r No)
	2)											Yes	
ŏ S		NAL CAUSE			22B. PLACE OF II			2C. WHERE DID	(If In Boltimore	e City, give ex	oct locotion)		
ä	UNDERLYING UTING CA				mame, form, racion	y, sireer, unic	e bidg., etc.) i	WORL OCCOR!					
	22D. TIME		ay) (Year	·) (Haur) 22E.INJURY	DCCURRED	2	2F. HOW DID IN	JURY OCCU	R?			
	OF INJURY (APPROX.)				m. WHILE AT WORK		WHILE						
	23.				m.j work	AI W	ORK L						
	l cert	ify that I he	eld an I	nquiry [Inspectio	n Au	tapsy X	and that an t	his basis,	death in my	apinion		
	result	ted fram N	atural cau	eas 🖓	Accident	Suicid	₹e ☐ H	micide 🗌	Undetermin	ed manner			
	16301		100	7	7000	1		CHIEF MEDICAL					
	ACTUAL	11	VV 411	2/1/	My	1-1				X		DATE SIGN	IED
	SIGNATI	JRE_//	20 pic	YV	100	M.D		STANT MEDICAL			5/2	6/69	
	EXAMIN NAME (T		Werner	. U. S	Spitt, M.			CIATE MEDICAL			3/2	0709	
	BURIAL CRE		4B. DATE	,	24C. NAME of	CEMETERY	or CREMATO	DRY 24D.	LOCATION	(City, tow	n, or county) (Stot	e)
KE	The Copper	12	5/5//	69	mos	an	ham	- //	ford	· m			
35%	DATE REC'D	BY HEALTH I	DEPT.	25R N	AME OF REGIST	RAR	[25C	FUNERAL DIRECT	OR		ADDRESS		1
		11.			-		12		no	1	120	111	01
		HIN	3 196	9 7	Be. & E. Ja	Ben K.	0 01.	Nyn	apr.	July .	608	3 gor	00
1	51-REV. 1/1/68	UUIT	- 100	1	6 9			()	20			D.	

VS177 simned by Dr.Spitz

(124 1111) School 120 14 14 161) Thene shore Mrs forthy Holin (Mithen) AST 4

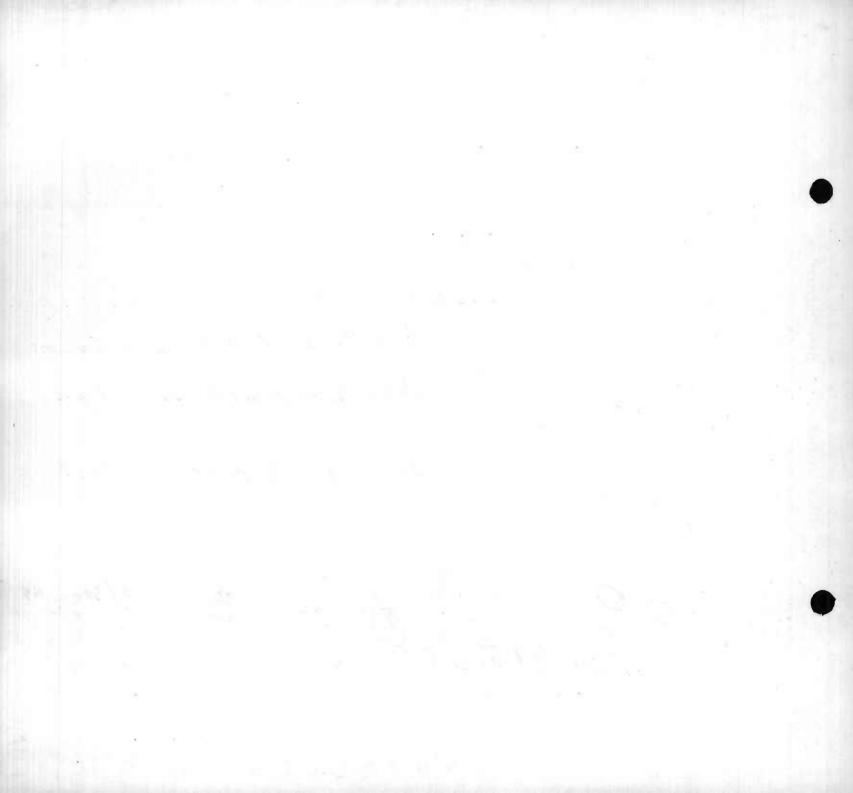


IMPORTANT DIRECTOR: FUNERAL approved

BALTIMORE CITY	HEALTH DEPARTMENT		00	F- 0
CERTIFICA	TE OF DEATH	REG. NO	69	5644
	1.	HOUR OF DEATH	+1291	118
DEAD	4. USUAL RESIDENCE (Where	deceosed lived. If in	stitution: residen	ce before odmission)
	A. STATE B. COUNTY	1	1	4 22
GIVE STREET	2/04 Hal	eyou Dr	e . L	1-33
	C. CITY OR TOWN	LI D. INSI	DE CITY LIMITS?	
	E. STREET AND NUMBER	. , , ,	YES	NO
	C. S. ALLEY ALLES TO MIDER			
VER MARRIED	8. DATE OF BIRTH 9.	AGE (In yeors	If Under 1 Tr. Months: Doys	, If Under 24 Hrs.
DIVORCED A	3-26-15 00	t birthday)	Months Doys	Hours Min.
ESS OR INDUSTRE	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN C	F WHAT COUNTRY?
Press	Coun			
	14. MOTHER'S MAIDEN NAME			
	Bertha "	yston		
CIAL	17. INFORMANT	/	ADD	RESS 21214
CURITY NO. 2-3381	Alma J. Penman	n.daht.62	221 Pio	neer Dr.
AUSE OF DEATH		,		ROXIMATE INTERVAL
	0 1		BETWE	EN ONSET AND DEATH
	Carlio - res	6. taile	re	
(A) IMMEDIATE CAU	CONSEQUENCE OF:			
01		1.1		
(B) DONE	MONALL - pur A CONSEQUENCE OF:	l. fibros	his.	***************************************
		10.		
(c) MIMAC	bdonund has	mornage	_ ,	
		9		
OPERATION	20A. AUTOPSY? (Yes of M6) 2	OB IF YES, WERE F	INDINGS CONS	IDERED
. occlusion	~			
factory, street, affi	or about 21 C. WHERE DID INJURY OCCUR?	(If In Boltimore	City, give exoci	locotion)
YOCCURRED	21 F. HOW DID INJURY	OCCUR		
Not While				
At Work			10011	
ased from	5/10/09 19	to	1 19/0	19
1769		n (my) (aur) opin	ion deoth occ	urred an the date
(dld) (dld/hat) vl	ew the bady after death.			
MD Atten			23B DATE SIGN	IED
DEGREE Phys.	Director L Phys	s, L_3	1. 2	
M.1)	Merca	1 Hosp	tal	
CEMETERT OF CREA	MATORY 24D. LOCA	TION (City	, lown, or count	ly) (Slole)
		timore,		
BO MED C	Schimunek Fu	neral Ho	me, Inc	DRESS
المتعالم	1 5 3881 Brehm	s Lane		



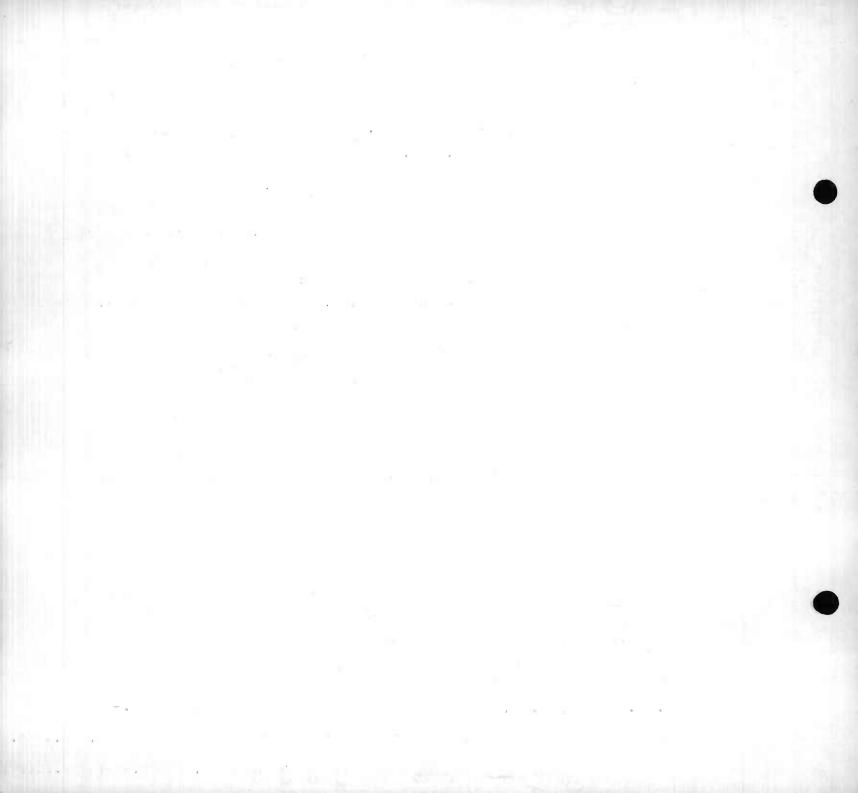
VS 150-REV. 1/1/68



69 5646 BALTIMORE CITY HEALTH DEPARTMENT

RTH NO.						
NAME OF DECEASED	2. DATE	Known XX	Month	Doy	Yeor	Hour
ppe or Print) DAN JACK	OF DEATH	Estimated	6	1	69	3:20 ам.
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE		Manth	Day	Year	Hour
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL ADDRESS OR LOCATION)	PRONOU	NCED DEAD	June	1	196	9 3.20 24
R INSTITUTION	5. USUAL RE	SIDENCE (Where				
3 V University Unanity 1	A. STATE	Mass. 1 1	В	COUNTY	. 100	62-01
University Hospital SEX 7. RACE 8. MARDIED □ MEVED MARDIED ■		Maryland_		Harro	CITY LIMITS?	0200
MARKIED LINEVER MARKIED	C. CITT OK			D. 11451DE (
Male White WIDOWED DIVORCED	Ba1				YES	NO L
DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths; Doys; Haurs; Min.		ND NUMBER				
8-11-1952 \$ 16		a Hotel,	Bel Can	no Md.		
. BIRTHPLACE (State or foreign cauntry) 12. CITIZEN OF	13. FATHER'S					
West Va. WHAT COUNTRY?	Ch	LPMCP	Jack			
A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER	'S MAIDEN NA	L			
ne during most of working life, even ifretired)	Po	4	011			
lova Horse tarun	D.E.	artice	17/18	4	ADDRESS /	
. WAS DECEASED EVER IN U.S. ARMED FORCES? es, na ar unknown)(If yes, give war or dates af service) 17. SOCIAL SECURITY NO.	1B. INFORM	AND +	40	, 6	TVAN	INAK REDNEN.
10	mis.	Dealru	ia. Ja	ek 3	かけららい	enend Horne
19. CAUSE OF DEA	ATH		. 0	h	MARINE	PROXIMATE INTERNAL
POST ACT OR CONDITION DIRECTLY						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Cran	icecrobra	T inter	rion		
	AS A CONSEQU	iocerebra	L LIIJui	res		
heart foilure, asthenia, etc. It meons the disease, injury or complication which caused death.)	AO A CONTEG	221102 011				
migray or complication which caused acum.		1000				
ANTECEDENT CAUSES (B)						
DISEASES OR CONDITIONS, IF ANY, GIVING DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR DUE TO, OR	AS A CONSEC	UENCE OF:				
UNDERLYING CONDITION LAST						
(C)			**********			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
TO THE DEATH BUT NOT RELATED TO THE TERMINAL						
DISEASE OR CONDITION GIVEN IN PART 1 (A).	446 DEDECORA		444T0TTTOGOTOTT		101 41170	DCVG (Vos es Ne)
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORM	ED			21. AU10	PSY? (Yes or Na)
					No	
22A. EXTERNAL CAUSE WAS 22B.PLACE OF INJURY (e.g.,			(If in Boltimare	Clty, give e	xoct locotion)	- 20
UNDERLYING OR CONTRIB- hame, form, foctory, street, office UTING CAUSE OF DEATH.		St. Rt.	5/13 8.	136	62-	00
UTING CAUSE OF DEATH. CAUSE OF DEATH. KOAC 22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED		F. HOW DID IN				
OF INTLIEV	T WHILE					1 1
	WORK XX S	ubject pa	ssenger	in a	uto-fix	ed object
23. VV A		1.41	hts har to	land.		co11,
I certify that I held on Inquiry Inspection XX Au		ond that on t				
resulted from Notural couses Accident XX Suici	de Ho	micide	Undetermin	ed monner		
17/17/1		HIEF MEDICAL	EXAMINER			DATE SIGNED
ACTUAL TO THE STATE OF THE STAT	ASSIS	TANT MEDICAL	EXAMINER	XX		DAIE SIGNED
SIGNATURE M.I	D.	CIATE MEDICAL I				
NAME (Type) Edward F. Wilson, M.D.	ASSO	CIATE MEDICAL	-VAMIIAEK [Tourne	1. 196	30
A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY	or CREMATO	RY 24D.	LOCATION	June (City, ta	wn, ar caunty	
EMOVAL (Specify)) (1/	1	1//	
DURIAL 6-4-67 Black (3	emeter	4	Hills	rug	10.1	C-
5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. F	UNERAL DIRECT	OR .	0	ADDRESS (250 york 1
11410 4000 30 20 20 30	, I'm	0.1.1	3, 0	- /		
JUN 3 1969 unicos, E. Jackey, M. D	· W-	OUK.	ours.	0	wtor	(out the
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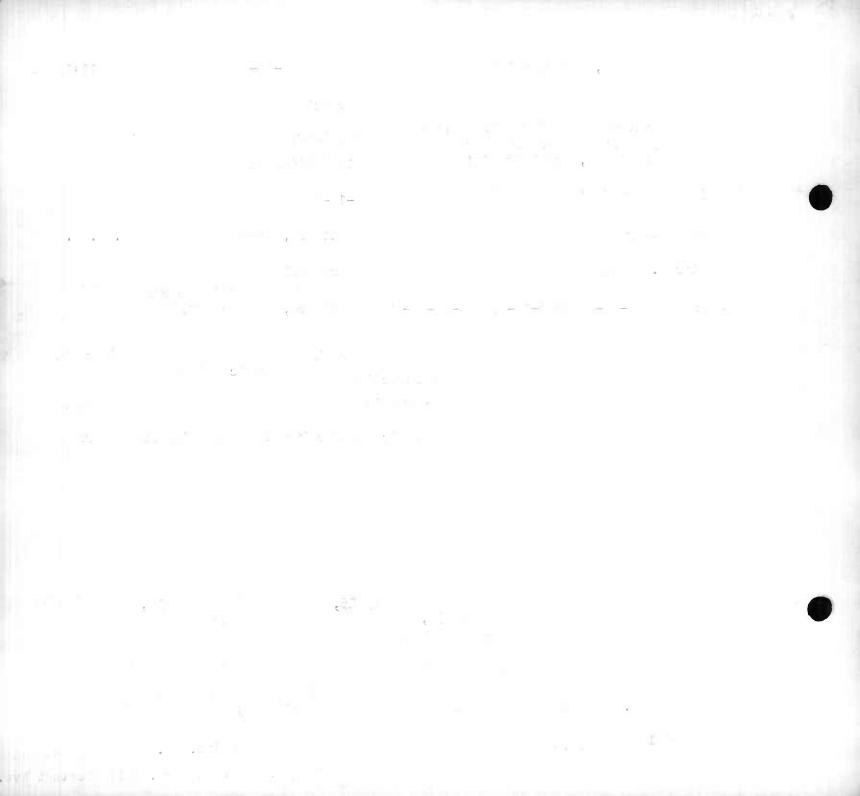


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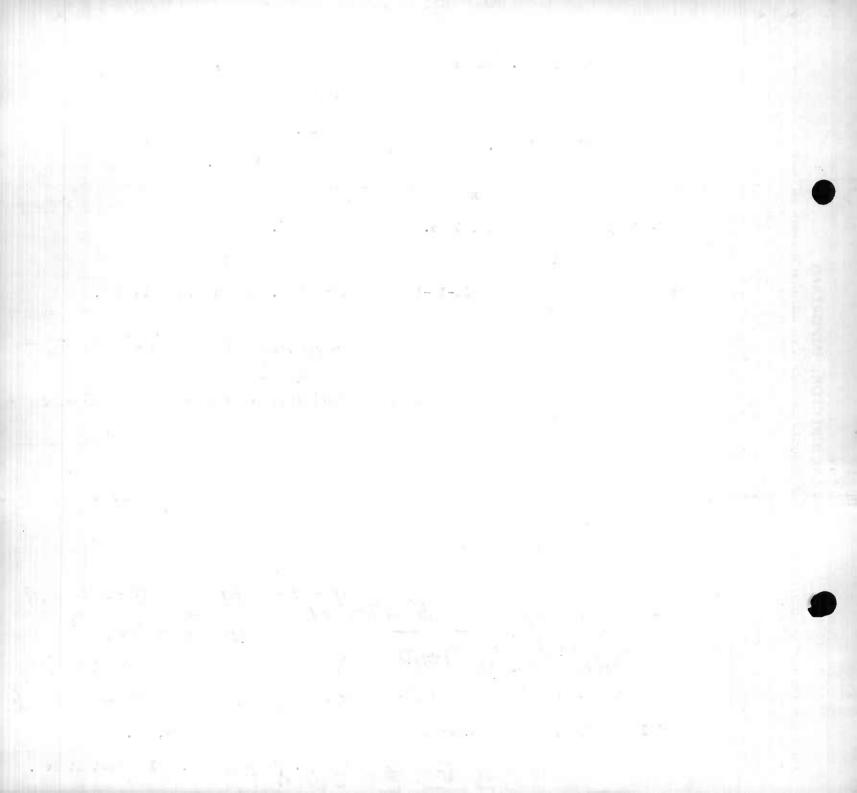
RTH NO.	CERTIFICATE OF DEATH REG. NO.
NAME OF DECEASED CATOL	2. DATE Known XX Month Doy Year Hour
DIANE CLARK	OF DEATH Estimoted 6 2 69 3:10 a
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour PRONOUNCED DEAD June 2. 1969 3:10 a.m.
University Hospital 6-6-69	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY Maryland Anne Arundel
SEX 7. RACE 8. MARRIED NEVER MARRIED	
Female White WIDOWED DIVORCED	Pasadena YES □ NO ☒
DATE OF BIRTH 1950 10.AGE (In years If Under 1 Yr. If Under 24 Hrs Months, Doys, Hours, Min.	354 Dutch Ship (North Shore)
BIRTHPLACE(State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
Baltimore U.S.A. USUAL OCCUPATION (Give kind of work] 14B. KIND OF BUSINESS OR INDUSTR	Thomas Clark
. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	
WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	Elaine Disney ADDRESS
was deceased ever in U.S. ARMED FORCES? s, no o (unknown) (If yes, give wor or dotes of service) None 17. SOCAL SECURITY NO.	Mr. Thomas Clark (father) Same as # 5
	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEA CAUSE Burns AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	AS A CONSEQUENCE OF:
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	VAS DEDECORATE
200. CONDITION FOR WHICH OPERATION W	
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g.	in or obout 22C. WHERE DID (If in Boltimore City, give exect logotion)
UNIDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.) 5 28 69 4:30am. WORK AT NO	ce bidg., etc.) INJURY OCCUR?
	utapsy XX and that an this basis, death in my apinian
resulted from Natural causes 1 Accident XX Suici	de Hamicide Undetermined manner
111	CHIEF MEDICAL EXAMINER
ACTUAL SIGNATURE EXAMINER'S	D. ASSISTANT MEDICAL EXAMINER XX
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Edward F. Wilson, M.D. A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY	DATE SIGNED ASSISTANT MEDICAL EXAMINER XX ASSOCIATE MEDICAL EXAMINER June 2, 1969
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Edward F. Wilson, M.D. A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY MOVAL (Specify)	ASSISTANT MEDICAL EXAMINER XX ASSOCIATE MEDICAL EXAMINER June 2, 1969 Yor CREMATORY 24D. LOCATION (City, town, or county) (Stote)
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Edward F. Wilson, M.D. A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY	ASSISTANT MEDICAL EXAMINER XX ASSOCIATE MEDICAL EXAMINER June 2, 1969 or CREMATORY 24D. LOCATION (City, town, or county) (Stote) 25C. FUNERAL DESCRIPTION ADDRESS

VS 153 6-6-69 M. H.

VS 150-REV, 1/1/68



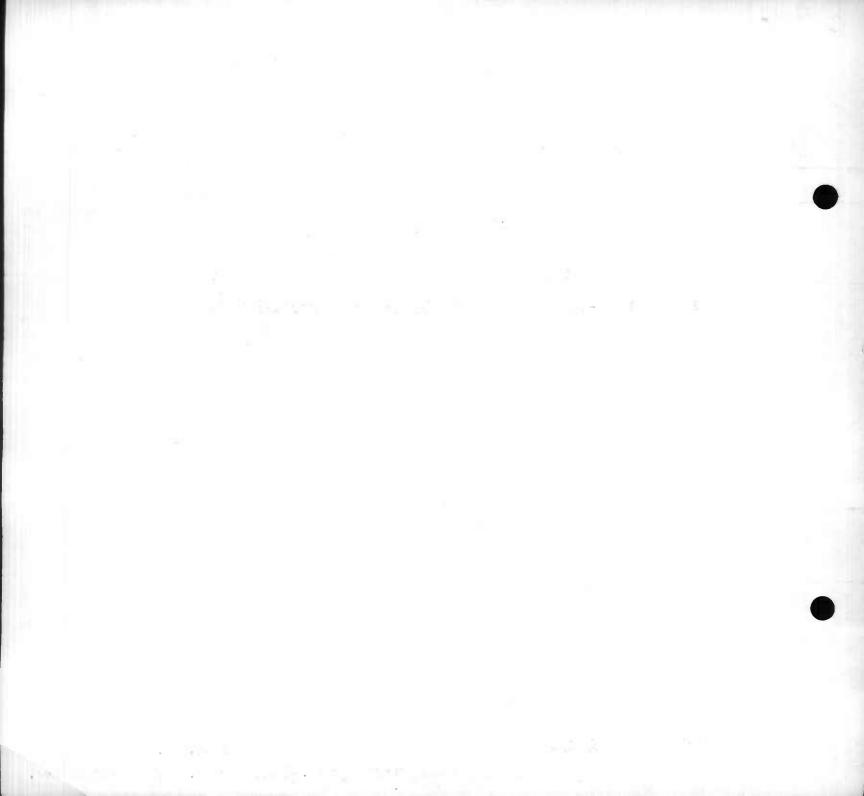
VS 150-REV. 1/1/68



IMPORTANT

FUNERAL DIRECTOR:

ŀ	69 5	BALTIMORE CIT	Y HEALTH DEPARTMENT		69 5651
	BIRTH NO.	651 CERTIFICA	TE OF DEATH	REG. NO	1,000
	(Type or Pant) Chifford CA	IRI	2. DATE AN	HOUR OF DEATH	12:30 PM
	3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONO UN CED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. Il inst	itution: residence before admission)
	FULL NAME OF HOSPITAL OR I ADDRESS OR LOCATION	NSTITUTION, GIVE STREET	MD.		27-88
	112.	,	BALTO.		E CITY LIMITS?
	Sinai Alospital	/	E. STREET AND NUMBER	1	
9			5326 NE/S	on AVE	
is mad	m W WIDO	RIED NEVER MARRIED DIVORCED	6-1-25	42	II Under 1 Yr. II Under 24 His. Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work TOB, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fore	ign country)	12. CITIZEN OF WHAT COUNTRY
.0	Ca	rling Brewery	MD.		
500	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
is	?				
-	15. Was Deceased Ever in U. S. Armed Forces? (Yes.no or unknown) (II yes, give wor or dates of sen	icel 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
final disposition	WW2 12/44-11/46	219-18-1371	Audey Clifford	(same)	
0	18.201X1 -	CAUSE OF DEAT		(Damo)	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY		1/1/1/20	0.	SETUMEN ONICET AND DECEM
E	LEADING TO DEATH (This does not mean the made of dying,	(A) IMMEDIATE CAU	ISE Hodg Kin's	VISEAS	E 10 mths
mbalmed	heart failure, asthenia, etc. It means the disc injury or complication which coused death.)	DUE TO, OR AS	A CONSEQUENCE OF:		***************************************
E	ANTECEDENT CAUSES				1 11 2
0	DISEASES OR CONDITIONS, if any, gi	Ving (B)	A CONSEQUENCE OF:		
Sar	rise to the above cause (A) stating UNDERLYING CONDITION last.	ine	A GOMPLEGENCE OF		
Ë		(C)			***************************************
Ĕ	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			
- Le	I ► ITO THE DEATH BUT NOT RELATED TO THE TERMIT	NAL			
before the remains	19A. DATE OF OPERATION 19R. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208 IF YES WERE FIN	DINGS CONSIDERED
for	U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., in home, form, foclory, street, off	or about 21 C. WHERE DID	(II In Boltimore C	City, give exact location)
	Q means and an examined	etc.)			
btained	OF INJURY (APPROX.) (Month) (Doyl (Year) (Hour)	While At Not While Work Al Work	21F. HOW DID INJU	JRY OCCUR?	
p	22. I certify that (I) (this hospital) attend		Sept 1	9 <u>68</u> to	MAY_ 1969
0	that (1) (we) last saw the deceased alive		10		in death occurred on the dote
.	and hour and from the causes stated abov		out the hade alter Jaret	r in (my) (our) opinio	n death occurred on the dots
must be	23A, SIGNATURE	7 (312) (312) (312)	CW The body offer deem.	123	B. DATE SIGNED
	Swald Botheld	MAN MO Atter		Shaff D	5/8/19
approval	23C. PHYSICIAN'S NAME (Type)	DEGREE	3D. ADDRESS		1/2/6/
opr	GERALD B. FELD	man MD	Sina	Nosg.	
0	24A. BURIAL CREMATION, 24B. DATE 241 REMOVAL (Specify)	C. NAME OF CEMETERY OF CRE	MATORY 24D. LO	CATION (City.	lown, or countyl (State)
written	Burial 5/31/69	Woodlawn		Re14- 1/1	
rit		AE OF REGISTRAR	25C. FUNERAL DIRECTOR	Balto. Md.	ADDRESS
5	JUN 3 1969 L	web E. Harber M.D.	A Haul (E. Cheni	bweth Jr. 36	17 Chestnut Ave.



69 5652 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

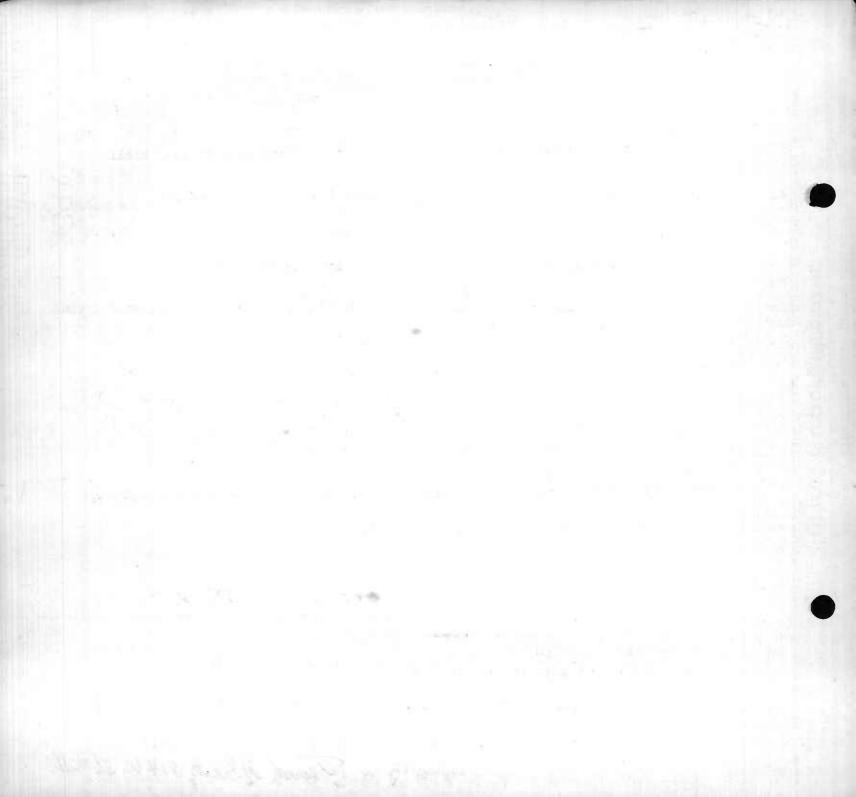
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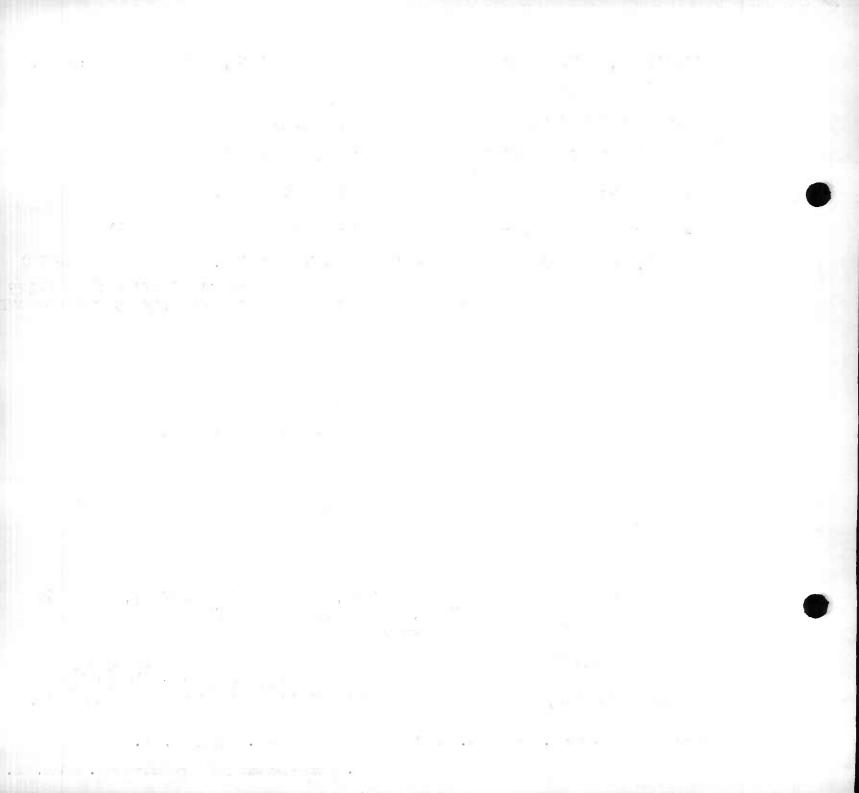
BIR	TH NO.		MED	ICAL	EXA	MIINEK 3	CKIIF	CATE OF	DEATI	REG. NO.		
1. NAME OF DECEASED						2. DATE	Known X	Month	Doy	Year	Hour	
	e or Print)		JOSEPH	POLO	NCZY	K	OF	Estimoted	Mav	29,	1969	3:15 A.M.
						DEATH 3. DATE		Month	Doy	Yeor	Hour	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET					PRONC	UNCED DEAD						
	SPITAL INSTITUTION	ADDRE	SS OR LOCA	IION)			6 HEHAL	RESIDENCE (Where	May	29,	1969	3:15 A. _M
	38	Univer	sity F	lospita	a1		A. STATE	Pennsylvan		B. COUNTY	n: residence o	erore camission)
6.	SEX	7. RACE		B. MARRIE	DON	VER MARRIED	C. CITY O			D. INSIDE CI	TY LIMITS?	
	ſale	White		WIDOWE	D 🗆	DIVORCED		Philadelph	nia	YI	ES 🗌	NO 🗆
	lay 23,		lost birthdo	yeors M		Yr. If Under 24 Hrs.	E. STREET	2653 Clea:	rfield	Avenue		
	BIRTHPLACE (S		n country)	12	. CITIZI	N OF	13. FATHER		rrera	Avenue		
	Pennsylv	rania			WHAT	COUNTRY?	Anthe	mr. Dalamar	de			
14A			e kind of work	14B. KIND C		NESS OR INDUSTR		TO POLONCE				
don	during most of w	orking life, ev	en ifretired)					antia Schu				
	ipping d	24		Retail					162		DDDECC	
(Yes	WAS DECEASI , no or unknown)	(If yes, give w	vor or dotes	of service)		SOCIAL SECURITY NO.	IB. INFOR				DDRESS	3
	yes	MM II			169	-12-9264	1.1.	al Examine	r Bali	timore,		
	19. 19	881)	X			CAUSE OF DEA						PROXIMATE INTERVAL
	DISEAS	E OR COND	ITION DIREC	TLY		Rupture	or ve	nous angio	ma, lo	wer		
		LEADING TO				(A)IMMEDIATE	LUM WI	th massive hematoma,	Subar	achnoid		
	heort foilure,	ot mean the osthenia, etc. aplication which	. It means the	diseose,		DUE TO, OR	AS A CONSE	QUENCE OF:	Dasar			
						Description	_	19.				
		NTECEDENT				(B) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		avta Sugi	ome.	''er		
	RISE TO THE	ABOVE CAL	ONS, IF ANY USE (A) STAT	, GIVING ING THE		COROLLO	AS A CONSI	OUENCE OF:			1	
2	UNDERLYIN	IG CONDITI	ON LAST.			(C)1-2-2-2-	1. A. C.	The little of the			diam to	
9			II				0.00	Ag				
CERTIFICATION	TO THE DEA	IFICANT CON ATH BUT NOT CONDITION	POLITIONS CO	THE TERMIN					5 = 71 71 = 71	.		*****
RTI					OR WHIC	H OPERATION W	AS PERFOR	MED			21. AUTO	PSY? (Yes or No)
U	27											
CAL	22A. FXTER	NAL CAUSE	WAS	122	RDIAC	E OF INITIDY (o. o.	in or about	22C. WHERE DID	'II := D = 4: = = = :	Clar since one		Yes
8	UNDERLYING UTING CA	OR CON	TRIB-	ho	ome, form	, foctory, street, offic	e bldg., etc.)	INJURY OCCUR?	II IN BOISMOR	e City, give exc	oci iocollon)	
Σ			oy) (Yeor) (Hour)	22E.1N	JURY OCCURRED		22F. HOW DID IN	JURY OCCU	R?		
	(APPROX.)				WHILE		WHILE O					
	23.			,,,,	I.I WORK		OKK L					
	I cert	ify that I he	eld an l	nquiry 🔲	Ins	pection 🗌 Au	topsy X	ond that on th	nis basis,	deoth in my	apinlan	
	result	ed from: N	atural cau		Accirde			omicide	Undetermin	ed manner [₹	
		01	- /	7	1	-					-41.	
	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER								DATE SIGNED			
	EXAMINI NAME (T	ER'S	Charles	S. S.	pring	gate, M.D.	ASS	OCIATE MEDICAL E	XAMINER		May 29	9, 1969
	A. BURIAL CREA MOVAL (Specif		4B. DATE		24C. NA	ME of CEMETERY	or CREMAT	ORY 24D.	LOCATION	(City, town	n, or county)	(Stote)
	Burial		6-3-19	69	Holy	Sepulchre	Cemet	ery M	ntgome	ry Coun	tv. P	a.
25	A. DATE REC'D	BY HEALTH I	4 10	25B. NA	ME OF	E. Jaber, M	25C	FUNERAL DIRECTO	OR C	A	DORESS 5 Flee	t St.
VS	151-REV. 1/1/6B	1/1		19	3 9	0		0				

A. The state of th The first the state of the stat

	FA SED		321(11110/1	TE OF DEATH	ND HOUR OF DEATH	3000		
Type or Print)		ssie A. J	Tohnson	Maj	31, 1969			
3. PLACE IN BAL	TIMORE, MARYLAND, V	WHERE PRONOUP	NCED DEAD	A. STATE B. COU	ere deceased lived. If in	nstitution: residence befare admis		
FULL NAME OF	(IF NOT IN HOSPI	TAL OR INSTITUT	TON, GIVE STREET	Maryland	1	13-4X		
HOSPITAL OR	ADDRESS OR LOC	ATION)		C. CITY OR TOWN	D. INS	IDE CITY LIMITS?		
0				Baltimor	e	YES NO		
70	Mid-town Nur	sing Home		E. STREET AND NUMBER	Lwood Avenue	21211		
. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. II Under 24 Months: Days Hours M		
Female	White	WIDOWED 2	DIVORCED	Mar 13, 1876	93 yrs			
			BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or for		12. CITIZEN OF WHAT COU		
done during most of	working life, even if retired)			Monarl on d		77 G A		
3. FATHER'S NA				Maryland U.S.A				
	Jesse Brook	8		Mary McCaul				
5. Was Deceased Yes, no or unknown	d Ever in U. S. Armed Fo	orces?	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
No			-	Jessie A. Joh	nson De	ellwood Avenue		
	osthenio, etc. Il meon: application which couse		THE TO, OR AS	A CONSEQUENCE OF YES	nt Jack	and		
DISEASES (rise to the UN DERLYIN	oslhenio, elc. Il meon:	s the disease, d deoth.) S	(B) Prof	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF:	ut Jul tez CU lungligia	(oe/)		
DISEASES (rise to the UNDERLYIN) OTHER SIGNII TO THE DEA	oslhenio, etc. Il meoni mplicolion which couses ANTECEDENT CAUSE: OR CONDITIONS, if ie obave couse (A) G CONDITION lost. Il FICANT CONDITIONS CO TH BUT NOT RELATED TO	s the discose, d deoth.) S ony, giving stoling the DNTRIBUTING THE TERMINAL	(B) Prof	worler	ent Jack Ace CU Knighteig	(oe)		
DISEASES (rise IO IH UN DERLYIN OTHER SIGNII TO THE DEA' DISEASE OR C	oslhenio, etc. Il meon: mplicotion which couse ANTECEDENT CAUSE: OR CONDITIONS, if e obave couse (A) G CONDITION lost. II FICANT CONDITIONS CO TH BUT NOT RELATED TO CONDITION GIVEN IN PA F OPERATION 198. COI	s the discose, d deoth.) S ony, giving stating the DITRIBUTING THE TERMINAL RT 1 (A).	(B) DUE TO OR AS	worler	Low 208. IF YES, WERE IN CERTIFYING CA	findings considered uses of death?		
DISEASES (rise Io Ih UN DERLYIN OTHER SIGNII TO THE DEA DISEASE OR CO 19A. DATE OF CONTRIBUTION OF CONTRIBUTI	oslhenio, etc. Il meon: mplicotion which couse ANTECEDENT CAUSE: OR CONDITIONS, if e obave couse (A) G CONDITION lost. II FICANT CONDITIONS CO TH BUT NOT RELATED TO CONDITION GIVEN IN PA F OPERATION 198. COI	s the discose, d deoth.) S ony, giving stoting the DNTRIBUTING THE TERMINAL (RT 1 (A). NDIMON FOR WIRFORMED	(B) DUE TO OR AS (C) HICH OPERATION	A CONSEQUENCE OF:		FINDINGS CONSIDERED USES OF DEATH? THE City, give exact location)		
OTHER SIGNII TO THE DEAD TO TH	oslhenio, etc. Il meonimplicotion which coused ANTECEDENT CAUSE: OR CONDITIONS, if the obave couse (A) of CONDITION lost. Il FICANT CONDITIONS COUST CONDITION GIVEN IN PART FOPERATION 19B. COUWAS PEI	s the discose, d deoth.) S ony, giving stoting the DNTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR WIRFORMED 21B, Phome, etc.)	(B) DUE TO OR AS (C)	20A. AUTOPSY? (Yes or No or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimor			
UN DERLYIN OTHER SIGNII TO THE DEA DISEASE OR CO 19A. DATE OF OR CONTRIBI DEATH (nofil) 21D. TIME OF INJURY (APPROX.) 22. 1 certify that (I) (we)	oslhenio, etc. Il meonimplicolion which coused ANTECEDENT CAUSE: OR CONDITIONS, if the obave couse (A) G CONDITION lost. II FICANT CONDITIONS COUSE TH BUT NOT RELATED TO CONDITION GIVEN IN PA F OPERATION 19B. COU WAS PEI OTHER COUSE OF The medicol exomined That (I) (this haspital)	s the disease, d death.) S ony, giving stating the DNTRIBUTING THE TERMINAL RT 1 (A). NOTION FOR WIRFORMED 21B. P home, etc., 1 (Hour) 21E. I While work work of the death of the dea	(B) DUE TO OR AS (C)	20A. AUTOPSY? (Yes or No or obout 21C. WHERE DID fice bldg., INJURY OCCUR? 21F. HOW DID IN 19 Occur.	(If in Boltimor			

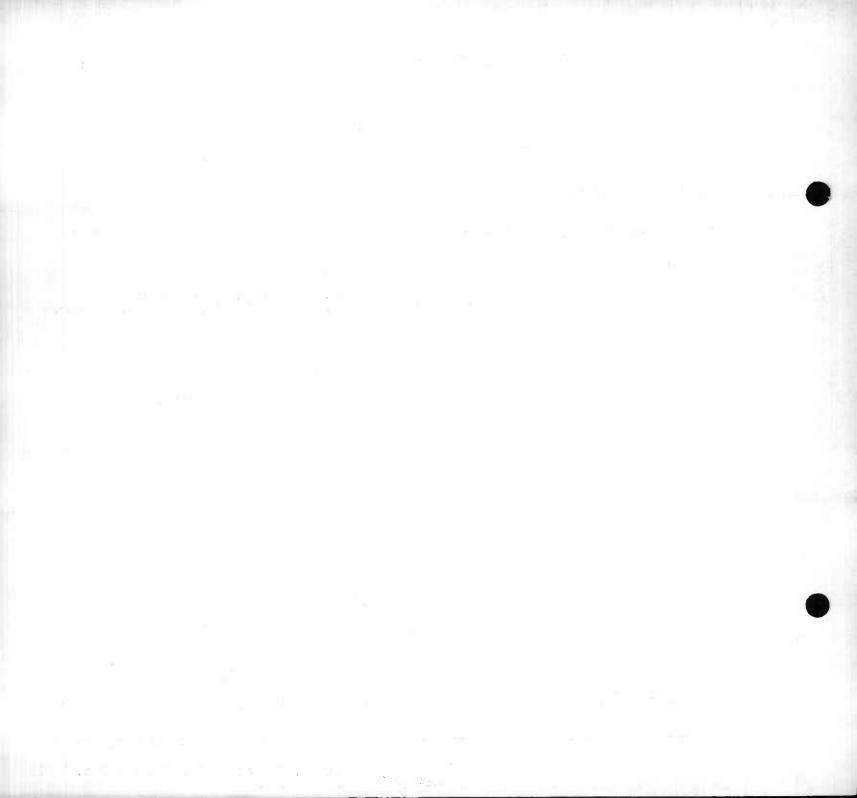
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) 6/3/69 St. Mary's Cemetery (Hampden) Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS ST. W. S. 150-REV. 1/1/68





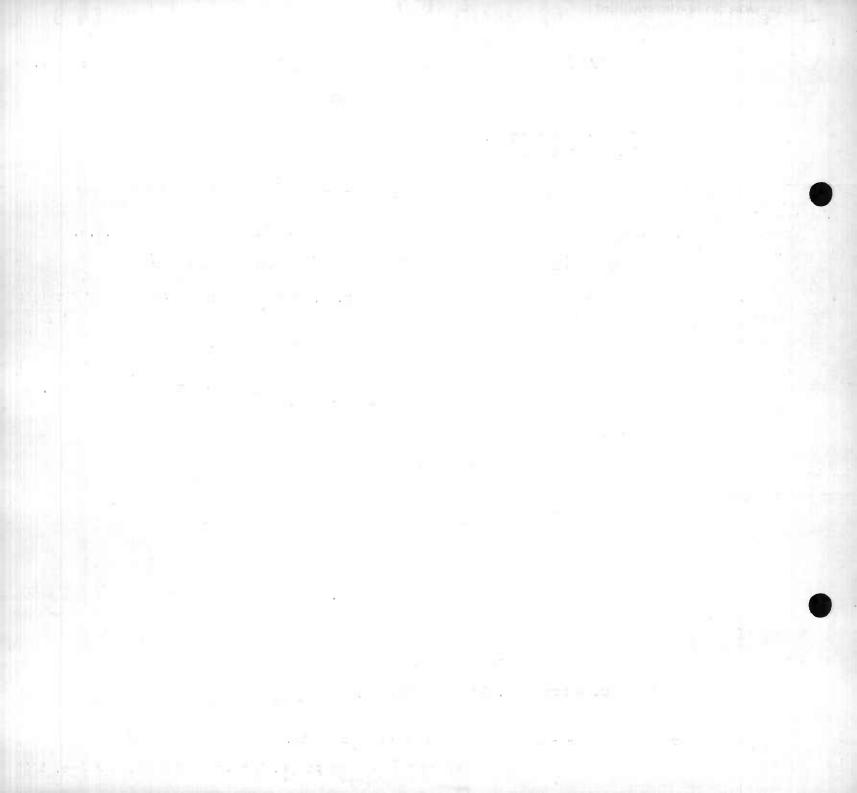
FUNERAL DIRECTOR: IMPORTANT

		69 5	656	BALTIMORE CITY	HEALTH DEPARTMENT		00 5050	
DAD	TU NO	00 01		CERTIFICA	TE OF DEATH	REG. NO.	69 5656)
	TH NO.							
(Ту	pe or Print)	SUZENBERGE				Y 31, 1969	7:1	0 P
3.	PLACE IN BALTIMORE, M	ARYLAND, WHERE PRO	ONOUNC	ED DEAD	4. USUAL RESIDENCE (W. A. STATE B. CO	here deceased lived. If in	stitution: residence bef	ore odmission)
FU	LL NAME OF (IF NO SPITAL OR ADDR	OT IN HOSPITAL OR IN	OITUTITE	ON, GIVE STREET	MARYLAND		25-5	/
IN:	STITUTION				C. CITY OR TOWN	D. INS	IDE CITY LIMITS?	
4	OST AGNES H	HOPSITAL			E. STREET AND NUMBER		YES NO	
					3660 BENSON	AVENUE		
	6. RACE			NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years tost birthday)	If Under 1 Yr. II Months Doys Hou	Under 24 His.
	MALE WHI			DIVORCED	04 27 04	65		1
	. USUAL OCCUPATION (Gi e during most of working life, e		OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (Stote of I	oreign country)	12. CITIZEN OF WH	AT COUNTRY
RI	ETIRED-MACH	A CONTRACTOR OF THE PROPERTY O	RMC0	STEEL	MARYLAND		USA	4
3.	FATHER'S NAME				14. MOTHER'S MAIDEN N	AME		
5.1	FRANK SUZENE	BERGER	11.4	CO. (1)	HELEN (SUZE	NBERGER ≬		
l'es	Wes Decessed Ever in U. s,no or unknown) (If yes, giv	e war or doles of servi	ce)	SOCIAL SECURITY NO.	Mrs. August	a W. Suzenber	ADDRESS	
	NO		2	16 05 751	SXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	*********** 366	O Benson Av	enue
	18. 153 X	1	,	CAUSE OF DEATH			APPROXIMA	ATE INTERVAL
	DISEASE OR CON	DITION DIRECTLY			a my		BETWEEN ON	SET AND DEATH
		TO DEATH		(A)IMMEDIATE CAU	se pulmonem	bolism.		
	1This does not meon the heart failure, asthenia, e	ne mode al dying,	e.g.,		CONSEQUENCE OF:			***************************************
	injury or camplication w	hich caused death.)	use,					
	ANTECEDE	NT CAUSES		11.1-0	A polos of	colon a		
	DISEASES OR CONDI	TIONS II and at	de e	(B) OF AS	ant polyp of A CONSEQUENCE OF:			***************************************
	rise la the above	cause (A) slating	ring fhe	DOL 10, OR AS	A CONSEQUENCE OF:	- 6/		
	UNDERLYING CONDITI	ON last.		(c) tauna	1:ce, 62	Bleeding (pr	(-op)	
	1	1				-	/	-
ATION	OTHER SIGNIFICANT CON	DITIONS CONTRIBUTI	NG					
F	TO THE DEATH BUT NOT DISEASE OR CONDITION OF	RELATED TO THE TERMIN SIVEN IN PART 1 (A).	IAL	*****************	************	*****************************		
	19A. DATE OF OPERATION	1 198 CONDITION F	OR WHIC	CH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES, WERE	FINDINGS CONSIDERS	ED
	Mrg 22 69	WAS PERFORMED	poly	pof colon	No.	IN CERTIFIENG CA	USES OF DEATH?	
	21A. A CCIDENT WAS UN OR CONTRIBUTING CA DEATH (notify medical ex-	HISE OF	218, PLA hame, fo	CE OF INJURY le.g., ir orm, loctory, street, of	or about 21 C. WHERE DID	(If In Bottimor	e City, give exoct locati	on)
2	AUC STATE OF THE S			115 V 0.00				
3	OF INJURY	Doys (seed (Houg		URY OCCURRED	21F. HOW DID I	NJURY OCCUR?		
-	(APPROX.)		While A Work	Not While	' 🗆			
	22. I certify that (X) (th	nis hospital) attende	ed the d	eceased from	MAY 1.1	1969_to_MA	Y 31	19.69
	that () (we) last sow t	Service Street Street, Square or other Street,						
- 1	the same of the sa			-	ond	that in (myX (our) opi	mion death occurred	on the dote
	and hour ond from the	couses stoted obay	B• YI) (M	e) (did) (414 Not) v	ew the bady ofter death	le		
	2	20		Assa	odina 🗀 🗀	S1-11 -	238 DATE SIGNED	
	Upe-s	hing W?	ch.	DEGREE Phys	iding Med. Director	Staff Phys.	5/31/59	
	23C-PHYSICIAN'S NAME (Type) TSE-SHIUN	C MII			3D. ADDRESS	BALTIMO		ND 212
4A			- NAME	DEGREE		SP. CATON 8		AVE
	REMOVAL (Specify)			of CEMETERY of CRE	4.1		ly, town, or county)	(Stote)
_				wridge Ceme		rsey, Howard		
;JA	DATE REC'D BY HEALTH			EGISTRAR	25C. FUNERAL DIRECT	•••	ADDRES	
	JUN	3 1969	sell E	Jaber M.D.	Howard H. Hu	bbard, 4107 W	vilkens Ave.	21229
15	150-REV. 1/1/68			1	7 7 7 7	€.		



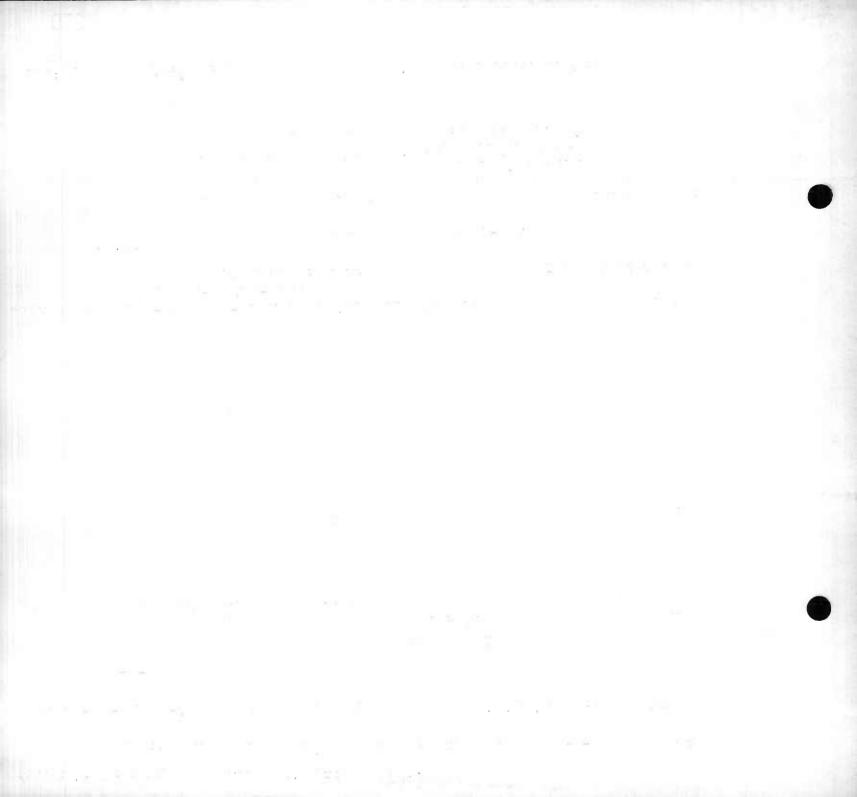
00 500	BALTIMORE CITY	HEALTH DEPARTMENT	\/	69 5657
69 565	CERTIFICA	TE OF DEATH	REG. NO	00 000/
BIRTH NO. 1, NAME OF DECEASED OPA		lo Bayr an	ND HOUR OF DEATH	
T.NAME OF DECEASED VEWLIN BL	ANCHE		2-1969	3 A.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If in	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTIT HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	UTION, GIVE STREET	Mary land c. CITY OF TOWN	Baltimo	ore Q. 53-00
7/Montebello State t	tospital	E. STREET AND NUMBER	ds Ave.	YES NO
S. SEX 6. RACE 7. MARDIED		B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
F WIDOWED	4-	March -9, 1882	lost birthdoy) XXXX 87	Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND Odone during most of working life, even if retired)	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
House wife		Montabor	Wis.	U.S.A.
		14. MOTHER'S MAIDEN NA	ME	
Alex Shaw		(Unknow	vn)	
S. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give war or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO	None	Theling Cott	erion 460	2 Leeds Ave Balt 4
18. / > > 0	CAUSE OF DEAT	H	0 0 1.0 / 1 0 0.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the made al dying, e.g., heart lailure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION lost.	(B)		lerosis	years
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	. A A	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
ш — — — — — — — — — — — — — — — — — — —	NA PLACE OF INITIAL (e.g.	n or obout 21 C. WHERE DID	(If In Relaime	re City, give exoct location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	ne, form, foctory, street, o	ffice bldg., INJURY OCCUR?		re City, give exect locotion;
W OF INTURY	. INJURY OCCURRED	WA 21F. HOW DID INJ	URY OCCUR?	
	nile At Not Whi	e 🗍 🔝	14	
		1 91	/-	6-9 - 69
22. I certify that (1) (this hospital) attended to	the deceased from	10	19 6 5 to	19 0
that (1) (we) last saw the deceased alive an	0-4-	19.4.2 ond th	not in (my) (aur) opi	nion death occurred on the date
ond hour and from the couses stated above. (I) (We) (did) (did_not)	riew the body after death.		
23A. SIGNATURE	1			23B, DATE SIGNED
(Mangenthi o and	Z, M.D DECREE Phy	ending Med. Director	Stoff Phys.	6-2-1969
23C. PHYSICIAN'S	DEGREE	23D. ADDRESS		
NAME (Type)	NH N	Man tolen	6 Stot	Haskital
24A. BURIAL CREMATION, 24B. DATE 24C. N REMOVAL (Specify)	AME OF CEMETERY OF CR	EMATORY 24D. L	OCATION (C	ity, town, of county) (Stote)
Burial 6-3-1969 Woo	dlawn Cemeter	y Wo	oodlawn, Mar	cyland
25A. DATE REC'D BY HEALTH DEPT. 19695B. NAME	OF PAGISTRANDES ME	25C. FUNERAL DIRECTO	R	Wilkens Ave. 21229
VS 150-REV, 1/1/6B				

VS 150-REV. 1/1/68

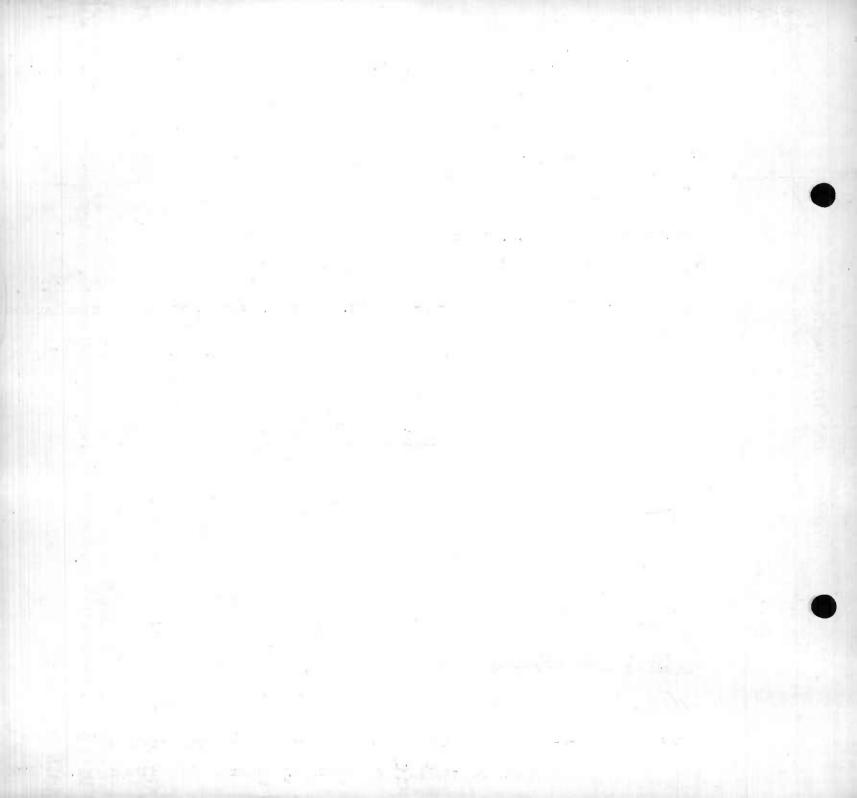


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		65	9 5	659 CERTIFICA		H DEPARTMENT	REG. NO.	69	565	9
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(Туре	or Printl		HUGH	GRIM , SR.			AND HOUR OF DEATH			
3. PL./	CE IN BALTI	MORE, MARYLAND, W	HERE PRO	NOUNCED DEAD	4. USL	IAL RESIDENCE (WI	JUNE 1 1	969	residence before	: 25Am
FULL	NAME OF	(IE NOT IN HOSPIT	AL OP IN	CHILITON CIVE STREET	1100 010	TE 8. COL RYLAND	Baltimor		1229	531
HOSP	NAME OF			STITUTION, GIVE STREET		ORTOWN		SIDE CITY I		12-0
	1/0			OSPITAL	BA	LTIMORE		YES	NO	1
	70			KENS AVES.	E. STR	6 OAKLEE	VILLACE			
5. SEX	14	BALTIMO		MARYLAND2122			VILLAGE			
MA	LE	WHITE	WIDOW		02	11 06	9. AGE (In years lost birthdoy)	If Unde Months	Doys Hours	der 24 Hrs. Min.
done de	SUAL OCCUP. uring most of wor	ATION (Give kind of work rking life, even if retired)	108 KIND	OF BUSINESS OR INDUSTRY	11. 8IRT	HPLACE (Stote or fo	reign country)	12, CIT	ZEN OF WHAT	COUNTRY
	Machini		Tate	-Temco	MAR	YLAND		11 9	٨	
3. FA	THER'S NAME				14. MO	THER'S MAIDEN N	AME	111.5	Α.	
	NRY TU		_		EST	ELLE (CAT	HFR)			
5. Wa Yes, no	or unknown) [[[]	er in U. S. Armed Ford yes, give wor or dole:	es? s of service	1 6. SOCIAL SECURITY NO.	17. INFO	PRMANTAVES -	BALTO-MD :	21229	ADDRESS	
	YES	WW2		212 09 8138	ST	AGNES HO	SP-RECORDS	S-CAT	ON & WI	LKEN
18.	43	1.91		CAUSE OF DEAT	н			- 0111	APPROXIMATE	INTERVAL
	DISEASE	OR CONDITION DIR	ECTLY					- 1	BETWEEN ONSET	AND DEATH
(TI		meon the made at	dving. e.	(A) IMMEDIATE CAU	SE C	erebre	l .			
he	arl failure, as	lhenia, elc. Il means calian which caused	the disease	se,	A CONSE	QUENCE OF:	1.00			
		TECEDENT CAUSES	0001113				The state of the s			
DI	SEASES OR	CONDITIONS, if	iny, givi	ng DUE TO, OR AS	A CONS	EQUENCE OF:			********	
nis	e lo lhe	abave cause (A)	slaling I							
-		11		(C)			*****************			
OI	HER SIGNIFICA	NI CONDITIONS CON	TRIBUTIN	G						
₹ DIS	EASE OR CON	OUT NOT RELATED TO THE	1 / 41	***************************************		****************				
EXIIIION 100 100 100 100 100 100 100 100 100 10	DATE OF OF	PERATION 198 CONE	ORMED	R WHICH OPERATION	20 A.	AUTOPSY? (Yes or N	o) 20% IF TES, WERE IN CERTIFYING CA	FINDINGS	CONSIDERED	
21/	ACCIDENT	WAS UNDERLING	12	TR PLACE OF INJURY (a.g., in	or a baut	NO				
OR DE	CONTRIBUTION ATH (notify me	WAS UNDERLTINO	h	ome, form, fectory, street, of	ice bldg.,	INJURT OCCUR?	(If In Boltimo	re City, give	exoct location)	
210		lanth) (Dayl (Tear)		1E INJURT OCCURRED		OLE HOW SEE IN				
OF	PROXI	1207. (100	\	While At Not While		21F. HOW DID IN	JURY OCCUR?			
1		. M. C. L		Nork L At Wark						
tho	+ (M (wa) to	of (M (this hospital) of saw the deceased	attended	the deceased from			.19 <u>69 10 JUA</u>	E-1-	19	1-69-
					19	69 and tl	hat In (1)(y) (aur) api	nian deat	h accurred an	the date
23A	SIGNATURE	am the causes state	d abave.	(W) (We) (did) (did/net) v	ew the	bady after death.				
		male	u.		ding 🖂	Med.	Staff (7)	6-1-	SIGNED	
23 C	PHTSICIAN'S NAME (Type)		- 02	DEGREE Phys.	3D. ADD	Director L	Staff Phys.	0-1	-09	
		FO ALONSO	МГ				ENC AVEC	DALT) MD 01	000
4A. 8L	IRIAL CREMA	TION. 248. DATE		NAME of CEMETERY OF CRE	MATORY		ENS AVES	BALT (
KE	MOVAL (Spec	cify)							•	(Stote)
	rial	6-5-196		altimore Nation	al Ce	metery	Baltimore,	Mary la	nd ADDRESS	
		111 0 40CD	5.4	En 0.0 St. 50			bard, 4107	Wilker	IS AND !	21229
/S 150-	REV. 1/1/68	HUN U IYOY	- Viole	C. Varbey C.L.						



VS 150-REV, 1/1/6B

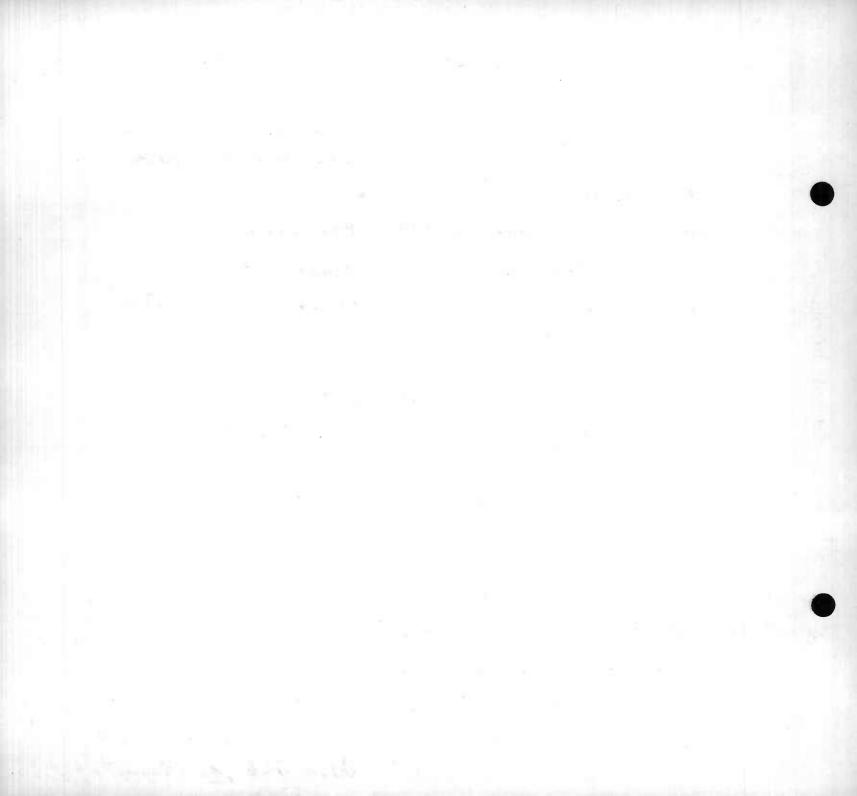


15/6	69 5661 CERTIFICA	Y HEALTH DEPARTMENT
sed the och	BIRTH NO.	ATE OF DEATH REG. NO. 69 5661
o b o	(Type or Print) PIPES, LOUELLA	MAY 31, 1969 9:30A
of do Decen	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived If institution; residence before admission)
se se (5) and	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND HOWARD CO. 21043
100 °C	ST. AGNES HOSPITAL	C. CITY OR TOWN D. INSIDE CITY LIMITS?
in on the control of the	CATON & WILKENS AVES.	ELLICOTT CITY YES NO A
DE TOE	BALTIMORE, MARYLAND 21229	RT 2 Tridelphia Rd
tribut minec	5. SEX 6. RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years 16 Hadra 1 Va. 16 Hadra 2 Va.
occontrant as a seguent	FEMALE WHITE WIDOWED DIVORCED	12 2009101,89 ost birthday 79 Months Doys Hours Min.
th cc lete in on	IOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	The state of the s
ded or Jno is d	housewife at home	VIRGINIA U.S.A.
if d rect (4) U wa the spos		14. MOTHER'S MAIDEN NAME
	JAMES POFF	MINNIE (MACNEAL)
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO.	17. INWILLENS AVES BALTO MD. 297259
S 2	no 251 22 926	8 ST.AGNES HOSPITAL RECORDS-CATON &
8 2 5 5 5 0 l	DISEASE OF CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Also, Also, 10 un atter	LEADING TO DEATH	ISE Ore ora luen a
ctur ctur pron	iteon iditore, distillente, etc. it means the disease,	A CONSEQUENCE OF:
e a c a a a a a a a	injury or complication which caused deoth.) ANTECEDENT CAUSES	a by a D Thomas Come
a A A a a	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:
S :: 2	nise to the above cause (A) stoling the UNDERLYING CONDITION last, (C)	
edical dical rrns; rsicia was main	(0)	
medical medical burns; (3 physician an was ir remains	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING E TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
2 - 6 " 12 E	O DISEASE OR CONDITION GIVEN IN PART 1 (A).	20A. AUTOPSY? (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED
by a by a 2) Bod re the the physic fore th	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF	n or obout 21 C. WHERE DID (If in Ballimore City, give exoct location) lice bidg., INJURY OCCUR?
9.5 5 2	DEATH (notify medical examiner) DEATH (notify medical examiner) DEATH (notify medical examiner) DEATH (notify medical examiner) Etc.) DEATH (notify medical examiner) Etc.) DEATH (notify medical examiner) DEATH (notify medical examiner) Etc.)	
De at to	[[Approx]	21F. HOW DID INJURY OCCUR?
_ 00 6 3 6 4	22. I certify that (1) (this hospital) attended the deceased from	AV 2/160 MAY 21
	that (X) (we) last saw the deceased alive an MAY 31	AY 24 1969 to MAY 31 1969 1969 and that In Kny) (aur) apinion death accurred an the date
	and haur and from the causes stated above. (Y) (We) (did) (Min) y(at) vi	the dela
dent ospit deat deat	23A. SIGNATURE	238, DATE SIGNED
20.5 6 6	pegnee Phys	nding Med. Sheff Way 31, CGG
ifficate my was reliable. 1) An accide a prior to approval	NAME (Type)	3D. ADDRESS
A. A.	HERMENEGILDO ISIDRO MD DEGREE	CATON & WILKENS AVES BALTO MD .21229
Sedy (3. (1. O.O.)	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CRE	(Sible)
N = ≥ N 0 ±	burial 6/3/69 Crestlawn 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Ellicott City, Howard, Maryland
This the sho was dec	JUN 3 1969 Paber E. Jacker M. D.	
	VS 150-REV. 1/1/68	dHiginbothon Slack Ellicott City, Md.



FULL NAME OF	JOHN FRANK LTIMORE MARYLAND, W	HERE PRONC		4. USUAL RESIDENCE (When A. STATE B. COUN MD)	e deceased lived. If	institution: residence before edmission 25-05 ISIDE CITY LIMITS?
43	S.B.C. Nos	ρ,		BALTIMORE E. STREET AND NUMBER 1523 Church		YES NO
SEX	6. RACE White	WIDOWED		MAY 19, 1907	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Days Hours Min.
Retired	working life, even if retired)		TON OIL CO	PENNSYL		12. CITIZEN OF WHAT COUN
John	NE NA U	AGE		MARY -	∧E	
5. Was Deceased es, no or unknown	Ever in U. S. Armed For		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Yes	wwI			FAMI/4		Same
(This does heart foilure, injury or cor	SE OR CONDITION DIL LEADING TO DEATH not meen the mode of osthenio, etc. It meens mplication which coused ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) G CONDITION lost,	dying, e.g. The disease death.)	(B) AS (A CONSEQUENCE OF:		
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OTHER SIGNI TO THE DEA DISEASE OR OTHER SIGNI TO THE DEA DISEASE OR OTHER	SE OR CONDITION DIL LEADING TO DEATH not mean the mode of osthenio, etc. It means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) G CONDITION lost. IT FICANT CONDITIONS CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR F OPERATION 198. CON WAS PER NT WAS UNDERLYING UTING CAUSE OF y medical examiner) (Month) (Day) (Year) That (I) (this haspital) last saw the decease d fram the causes star	dying, e.g. The disease death.) ony, giving stating the terminant of the	(A) IMMEDIATE CAN DUE TO, OR AS (B) S (C)	A CONSEQUENCE OF: 20 A. AUTOPSY? (Yes or No) 21 F. HOW DID INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? 21 F. HOW DID INJURY OCCUR?	208. IF YES, WERE IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?

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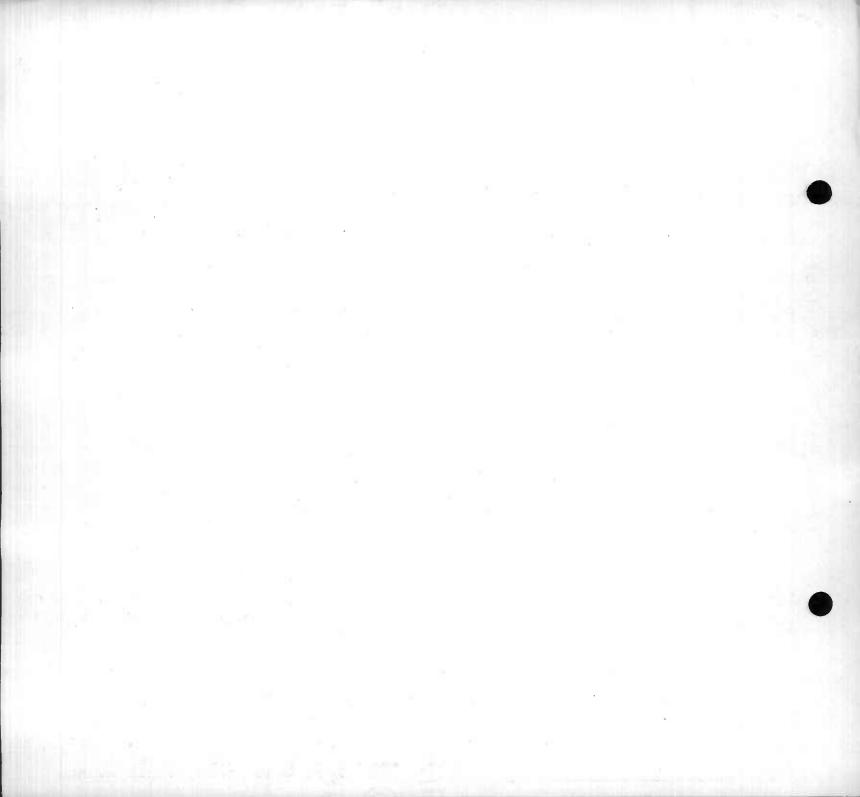
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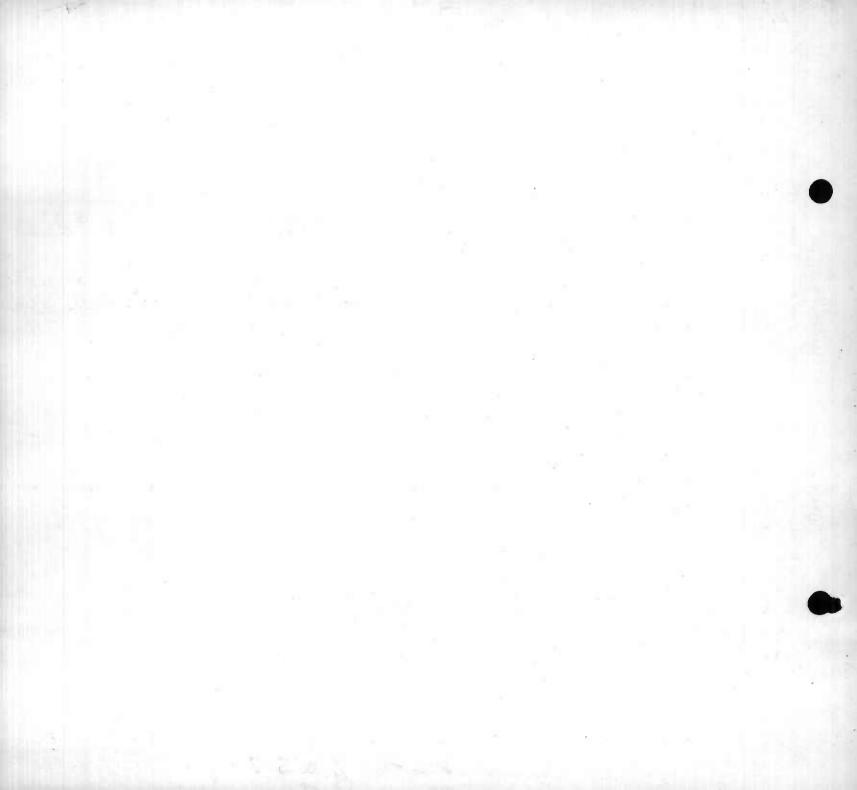


TOOF	BALTIMORE CITY HE	ALTH DEPARTMENT	69	5665
69 5665	CERTIFICATE	OF DEATH	REG. NO.	0000
BIRTH NO. 1. NAME OF DECEASED	CERTITION			
(Type or Print)	$\sqrt{}$		HOUR OF DEATH	De 15
			,-1-69	8, YJAN
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	NCED DEAD	STATE B. COUNTY	deceased lived. If institution: re	sidence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUT	BON CIVE STREET	MD.		1.7-19
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUT HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION	C.C.	CITY OR TOWN	D. INSIDE CITY (II	MITS?
		Balto	YES P	NO 🗆
Sinai Hospital	F.	STREET AND NUMBER	163	140
sirial trospila		2 11	1.11 17.15	
5. SEX 6. RACE 7. MADDIED 7	/	2020 Many	no Han HVE	
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WIDOWED			t birthday Months	
IOA, USUAL OCCUPATION (Give kind of work 10B, KIND OF E	BUSINESS OR INDUSTRY 11.	BtRTHPLACE (Stote or foreign	country) 12. CITIZ	EN OF WHAT COUNTRY
done during most of working life, even it retired)		71 /	•	11 0 0
maristral foreman	114	HUSTRI	A	U.S.A.
13. FATHER'S NAME	14.	MOTHER'S MAIDEN NAME		
LOIDAY HERMA	m			
15. Was Deceased Ever in U. S. Armed Forces?		INFORMANT		ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	1 .	()	978
	081-09-6535 19	Lengeliny mem	1. Chapel, N.Y	Concyds , aux
18.20.3 X I	CAUSE OF DEATH	4 0	20 (10	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		m. 11 1	- 1h 7	/
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(This daes nat meon the made of dying, e.g., heart failure, osthenio, etc. It means the disease,	DUE TO, OR AS A CO	INSEQUENCE OF:		
injury or camplication which caused death.)				
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS A CO	ONSEQUENCE OF:		
rise to the above cause (A) stoting the		onsequence or.		
UNDERLYING CONDITION lost.	(c)	***************************************		
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		A		070000000000000000000000000000000000000
U 194 DATE OF OPERATION 198 CONDITION FOR WIL	HICH OPERATION	20A. AUTOPSY (Yes or No)	OB. IF YES, WERE FINDINGS	CONSIDERED
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PI		No	N CERTIFYING CAUSES OF D	PEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. P.	LACE OF INJURY (e.g., in or	obout 21 C. WHERE DID	(If in Boltimore City, give	exect location)
OR CONTRIBUTING CAUSE OF home, etc.)	form, foctory, street, office	bidg., INJURY OCCUR?		
0				
U OF INJURY	NJURY OCCURRED	21F. HOW DID INJUR	Y OCCUR?	
(A PPROX.) While	Not While At Work			
		5/1/2 10	69. 6	11 19
22. I certify that (I) (this hospital) attended the	deceased fram	3/16 19		19#
that (1) (we) lost saw the deceased alive on	6//	19 6 ond that	in(my) (aur) apinion deati	h accurred an the date
and hour and from the causes stated above. (1)	(We) (did) (did nat) view	the body after death.		
23A. SIGNATURE			23B. DATE	SIGNED
1100 Bot 111	Attending		off C	1-19
gear wexaman	DEGREE Phys.	Director L Phy		6/
23 C. PHYSICIAN'S NAME (Type)	23D.	ADDRESS	1 1/1	/
(-SPALD D. FELDIN	an mi	Sinai XX	5501to/	
24A BURIAL CREMATION, 248. DATE 24C. NAN	AE of CEMETERY OF CREMAT	TORY 24D. LOC	ATION (City, town, or	county) (Stole)
REMOVAL (Specify)	2 1 10 10	0	9. 10 15	00
6/3/69 1	Deth Nauxal	(Fm)	James James	Charles N. I
25A. DATE REC'D BY HEALTH DEP1969 255 NOME OF	RECHSTRAR	25C. FUNERAL DIRECTOR	mer & Sons ennsylvania	ADDRES6
OUT O 1303 VIGOES C	- darber 400	North and D	ennsylvania	Avenue
1 4		A DATE OF THE LABOR COMMENT OF THE PARTY OF	ELLIS VIVALLE A	TV CELLUICE



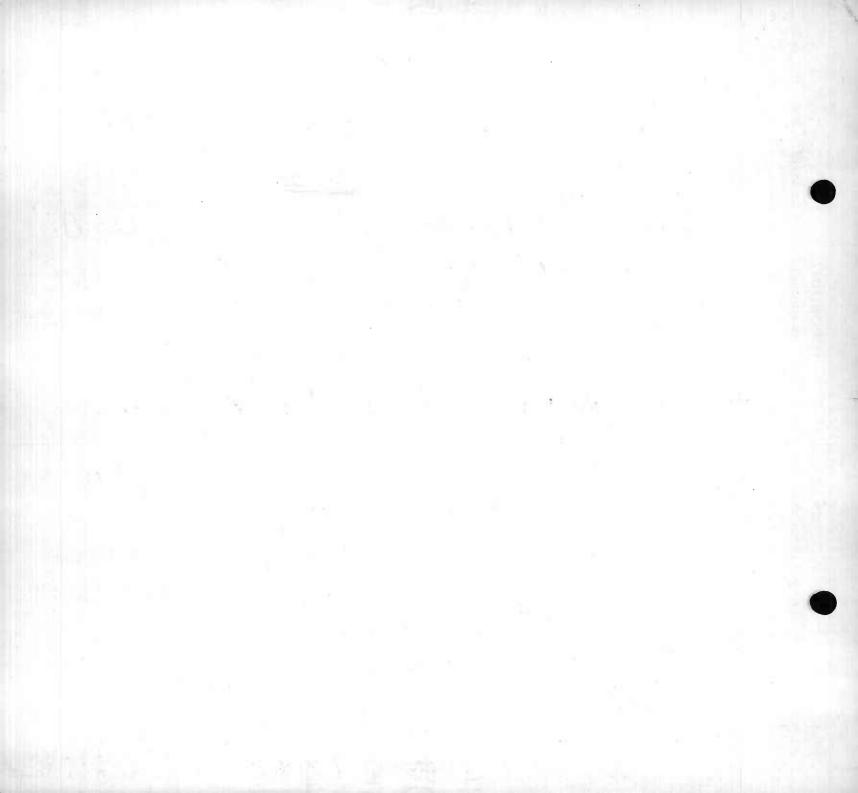
7-4-6	No. 69 5666 CERTIFICATE OF DEATH REG. NO. SEG. NO.	V
tal and f death eceased on the h. Such	OF PRINT CALVERT 2. DATE AND HOUR OF DEATH OF PRINT CALVERT 2. DATE AND HOUR OF DEATH 10:30	A M.
<u> </u>	ACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where decoded lived. If institution residence before a STATE IND. B. COUNTY ROLL C. L.	dmission)
T - 0	NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) D. INSIDE CITY LIMITS?	ne
in a ng cause; cause; cor to	Orbor VIEW C. & IV. Home, STREET AND NUMBER	
butin butin lar a	213 Light Street: 106 line of light Bank	er 24 Hrs.
mi hri	6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) WIDOWED DIVORCED 7. Months: Doys Hours	Min.
0 0 - 0	ISUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT (puring most of working life, even if retired)	COUNTRY?
Juc de	THER'S NAME E A SOLL 14. MOTHER'S MAIDEN NAME	
nt if of direct direct we the we dispo	as Deceased Ever in U. S. Armed Forces? Of the property NO SECURITY NO SECURI	
TA ista he he kind dea ce ce ce	as Deceosed Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT Was Mary Steches Vol Holder	RA
S ass any leed	BETWEEN ONSET A	NTERVAL AND DEATH
or hi Also, noun atter	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH This does not meen the mode of dying, e.g., (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:	1
	neort foilure, osthenio, etc. It meons the diseose, njury or complication which coused death.)	
amin amin A fra /ho	ANTECEDENT CAUSES (B)	
DIRECTOR: ical examiner. s; (3) A fractucian who process in regular.	ise to the above cause (A) stoling the UNDERLYING CONDITION lost. (C)	
F Gio	THER SIGNIFICANT CONDITIONS CONTRIBUTING	120
NERA! Chief me a med Body bu The phy Sician	O THE DEATH BUT NOT RELATED TO THE TERMINAL STATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 200. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED	
FUNE by a 2) Bod e the physic	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 11A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exoct location)	
he the	DR CONTRIBUTING CAUSE OF home, fortery, street, office bldg., INJURY OCCUR?	
ed b nosp atur pt v (6)	1D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Not While At Work APPROX.) Not While At Work	
the the tany number of the tany number of the tank number of tan	2. I certify that (1) (this hospital) attended the deceased from 6 1/28 1969 to 6 11	69.
of a p	hot (We) lost sow the deceosed clive on	the dote
must be of eleased to ccident of to hospital to death)	3A. SIGNATURE 23B. DATE SIGNED	
20.26	3C. PHYSICIAN'S Director Phys. Director Phys.	
ficate was r A at a prior	A.C. ALEVIZATOS, MAS DEGREE Balterial, Mel 21207	(Stote)
certificat body was ws: (1) An ws: 0.0.A. a eased price	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, of county) REMOVAL (Specify) 24D. LOCATION (City, town, of county) REMOVAL (Specify)	>
This certificate m the body was reli shows: (1) An acci was D.O.A. at a f deceased prior to written approved	DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 239 Palapson	-1225

BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT



B-650

69 5668 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH,

69	5668

BIRTI	H NO.									REG. NO.			
	AME OF DEC	EASED					2. DATE	Known	Month	Doy	Yeor	Hour	
(Type	or Print)	SUSAN	BROWI	V			OF DEATH	Estimated [5	31	1969	6:22	- M
4. PL	ACE IN BALT				RONO	UNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	P
	NAME OF	(IF NO	T IN HOSPIT	AL OR INS	STITUTIO	N, GIVE STREET	PRONOL	NCED DEAD	3.6	0.1	2066		
	HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION				5 HISHAI DE	SIDENCE /Who	May	lived. If institution	1969				
1	00						A. STATE	SIDEIACE (MIS	is decensed	B. COUNTY	1	7 7	(Sign)
(.440 Wi	nston					Marylan	nd		21	- 5	7_
6. SE	X	7. RACE		8. MARI	RIED 🔼	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE C	ITY LIMITS?		
म	emale	White		WIDOV	WED [DIVORCED [R.	alto.		v	ES X	No 🗆	
	ATE OF BIRTH		10.AGE (der 1 Yr. If Under 24 Hrs.	E. STREET A	ND NUMBER			C3 (E.S)	140 🗀	
,	8/17/1	014	lost birthde	oy)	Manth	s Days Hours Min.							
			1 54			1 1) Winston	Ave.				
II, BI	RTHPLACE (S	ate or toreig	on country)		3	TIZEN OF	13. FATHER'	NAME					
	Jerome	Penn	sylva	nia		HAT COUNTAY?	George Yacos						
14A.U	SUAL OCCUP	ATION (Giv	e kind of work	14B. KINI	D OF B	USINESS OR INDUSTR	15. MOTHER	'S MAIDEN N	AME				
oone d	Waitr		en if refired)		eta	urant	Ann Olenick						
16 W	AS DECEASE		II S ARME	1		17. SOCIAL	18. INFORM			Δ	DDRESS		
(Yes, r	na or unknown)	(If yes, give v	war ar dotes	of service)	SECURITY NO.							
-	No.					212-07-789		vard Br	own 4	As Abov	1.00		
19	57	1.81				CAUSE OF DEA	TH					PROXIMATE IN	
	DISEASE	OR COND	ITION DIRE	CTLY									
		EADING TO				INDEDIATE	TALLET T	Total 12-					
	(This does no	t mean the	made of d	ying, e.g.,		(A)IMMEDIATE (AS A CONSEQ	atty liv	/er				
	heart failure, injury or com												
	(0.,	, , , , , , , , , , , , , , , , , , , ,											
	AN	TECEDENT	CAUSES			(B)							
	DISEASES C	RCONDITI	ONS, IF AN	Y, GIVING	2	DUE TO, OR	AS A CONSEC	UENCE OF:					
	RISE TO THE			TING IKE		4-1							
S_						(C)							
CERTIFICATION	OTHER SIGNI	EICA NIT CON	II	ONTRIBLE	TING								
0	TO THE DEA	TH BUT NOT	RELATED TO	THE TERM	AINAL								
造	DISEASE OR												
20 20	DATE OF	OPERATION	1 20B. CO	NDITION	FOR V	WHICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes o	r Na)
. 6	2										D-	rtial	
MEDICAL	ZA. EXTERN	IAL CAUSE	WAS		22B. PI	ACE OF INJURY(e.g.,	in ar obout 2	C. WHERE DIE	(If in Boltim	ore City, give ex		LLLaL	
읽니	INDERLYING				hame,	farm, lactary, street, offic	e bldg., etc.) If	JURY OCCUR					
ভ	JTING LI CAL			\ /\l	1 100	C INTILLEY OCCUPAND		E HOWEND I	NILLIAN OCC	CLIDO			
0	F INJURY	manin) (L	Day) (Yeo	r) (Hau	'	E.INJURY OCCURRED		2F. HOW DID I	NJURT OCC	UKI			
(APPROX.)						WHILE						
23	3.												
	I certi	fy that I h	eld on	Inquiry [Inspection P Au	topsy XX	ond that on	this bosis	, deoth in my	oplnion		
	recult	ed from: N	latural car	X	X A-	cident Suicio	la T	micIde 🗌	Undeterm	ined monner			
	163011		71	1	-	order order		HIEF MEDICAL					
	ACTUAL	4	1.00	PI	11	1.1						DATE SIGN	NED
	SIGNATU	RE /			V	M.E	ASSIS	STANT MEDICA	LEXAMINER	KX			
	EXAMINE							CIATE MEDICA	EXAMINER				
	NAME (T)		dward	F. Wi	ilso	n. M.D.					une 1.	1969	
	BURIAL CREW	ATION. 2	AB. DATE	****		NAME of CEMETERY	or CREMATO	RY 241	LOCATIO	N (City, tow	n, or county) (Sto	te)
REM	OVAL (Specif												
	Burial 6/5/1969 Chapel Hill Cemetery Weirton, West Virginia												
25A	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS								inia				
20111				25B. N	VAME (OF REGISTRAR	25C. F					inia	
20711	DATE REC'D			25B. N	VAME (25C. F		TOR	-			nd.

8/17/1914

Jerome Pennsylvania U > A George Yacos

waitress Restaurant Ann Clenick

212-07-7891 Edward Brown As Above

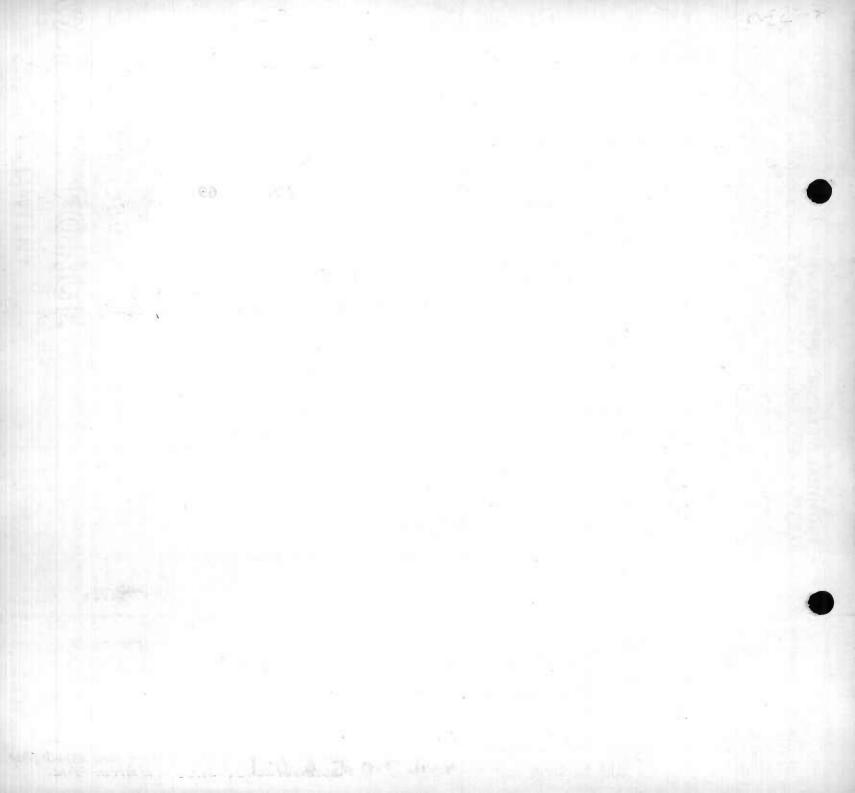
Surfal 6/5/1959 Chapel Hill Cemetery "wixton, west Virginia

AND THE SERVICE OF STREET, NO. Raymond C. Pink Olen Burnis, Hill.

V.	2001	69 5669 BALTIMORE CITY HEALTH DEPARTMENT 69 5669
,	ath the the uch	BIRTH NO. CERTIFICATE OF DEATH REG. NO. 69 5669
	SOON	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH
	5 - 9 o	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institutions residence before administrations)
	50	A. STATE B. COUNTY
	2 2	HULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION C. CITY OR FOWN D. INSIDE CITY TIMES
	0 8 0	South Baltimore General Hospital Baltimore VES NO []
	ting d cat r att prior	E. SIREET AND NUMBER
	F 3 0 B B	5. SEX 6. RACE 17. MARGINET TO STATE OF THE
	0 0	7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months: Days Hours Min.
	con	TOA USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	rif death irect or c (4) Undet was in the dec isposition	Join Machine Oper. Ist National Bank North Carolina U.S.
	f d ct vas	13. FATHER'S NAME
5	E E -	Durwood Vick
A	a de de	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown! (If yes, give wor or dates at service) SECURITY NO. 17. INFORMANT ADDRESS
ORTAN	유부국교 5분	no none 241-16-3510 Clark Elizetta Vick 1128W.CrossSt
	if any ced nda	CAUSE OF DEATH
IMP	Also, Also, or his	LEADING TO DEATH Cerebrovasular Cocadent 4
••	In the same	(This does not meon the made al dying, e.g., heart failure, asthenia, etc. It means the disease,
OR	iner actu pro ular mba	injury ar camplication which caused death.)
Ü	A fred	DISEASES OR CONDITIONS, il any, giving (B) DUE TO, OR AS & CONSEQUENCE OF:
R	exa (3) A n w in r	ise to the obove couse (A) stoling the
5	lical cal ns; ns; icia ain	ONDERLING CONDITION [ast, (c)
AL	9-15 F S & E	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)
2	ef m dy bu dy bu by cian he re	
UNER	chi Boo Boo the the	IN CERTIFYING CAUSES OF DEATH?
H	the alby (2) ere o ph efor	27 STACE OF INJURY (e.g., in or obout) 21 C. WHERE DID
	by the pital b re; (2) where No pl	3 PEATH (notify medical examiner) elc.)
	W 2 C W	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While
	proved the hoi ny nat except and (6	Work At Work
	a - a - a	22. I certify that (I) (this haspita) attended the deceased from 19 17 ta 19 19 that (I) (we) ast sow the deceased alive on 19 19 19 19 19 19 19 19 19 19 19 19 19
	10 to	and that intally topilion death accorded an the date
	leased to leased to lident of hospital o death) I must be	and have and from the causes stated above. (1) (We) (did) (did not) yiew the bady after death. 23A. SIGNATURE 23B. DATE SIGNED
	3 0.5 5 6 1	Attending Med. Shaff
	0 - 0>	23C. PHYSICIAN'S NAME (Type) 23D. APPRESS
	certificat body was fs: (1) An D.O.A. at ased prio	SAM YOIN KHIM Land Baltimore Leveral Vergutate
	2000 n	REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	This certified by the body shows: (1) was D.O. was deceased written a	Burial 6/4/69 Western Cemetery Edmondson Ave. Balto. Md.
	This the b show was was dece	ADDRESS ADDRESS
	11	vs 150-REV. 1/1/68 9 6 9 6 9 6 9 Sphweinsperg Funeral Service1126W.Cross

the second THE TIME THE SANT SANT SHEET AND LAND

		00 1	BALTIMORE CIT	HEALTH DEPARTMENT		00 5000
BIRTH N	10.	69 5	670 CERTIFICA	TE OF DEATH	REG. NO	69 5670
1.NAMI (Type or	Print) CATG	therine farine	A. Smith A. SMITH	Ma	ND HOUR OF DEATH	269 8 30 pun M.
3. PLAC	CE IN BALTIMORE, MA	ARYLAND, WHERE PE	RONOUNCED DEAD	4. USUAL RESIDENCE (Whe	ere leceosed lived. If ins	stitution: residence before admission)
FULL N HOSPITA	IAME OF (IF NO AL OR ADDRE	T IN HOSPITAL OR I	NSTITUTION, GIVE STREET	C. CITY OR TOWN		DE CITY LIMITS?
40	INION ME	MORIAL F	HOSPITAL	BACTIM E. STREET AND NUMBER		YES A NO .
5. SEX	6. RACE			34 55	ASH 19. AGE (In years	
	Fu	WIDO	RRIED NEVER MARRIED DIVORCED DIVORCED	5/23/1900	lost birthday (69)	Months Doys Hours Min.
	ing most of working life, o	ven if retired)	ND OF BUSINESS OR INDUSTR	MARY LAN		12. CITIZEN OF WHAT COUNTRY?
13. FATH	HER'S NAME		ROWN	14. MOTHER'S MAIDEN NA	H AINES	1500415000
IS. Wos	Deceased Ever in U.	S. Armed Forces?	16. SOCIAL	17. INFORMANT	71 111100	ADDRESS BAIto.
N			212-07-5012B	Margaret Blus	yt 4605	
18	2500		CAUSE OF DEAT		3	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
heo inju DIS rise	s does not mean the failure, asthenia, et any or complication we and a second s	Ic. II meons the dis hich caused deoth.) NT CAUSES TIONS, if any, g couse (A) stoting ON last.	iving (B) Apter	USE Heart A CONSEQUENCE OF: ioscleofic Can A CONSEQUENCE OF: Isele welling		iseace years.
F 10	 IER SIGNIFICANT CONI THE DEATH BUT NOT R EASE OR CONDITION G	DITIONS CONTRIBUT	ING NAL			
	DATE OF OPERATION		FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	ON 20B. IF YES, WERE F	INDINGS CONSIDERED ISES OF DEATH?
OR	ACCIDENT WAS UN CONTRIBUTING CATH (notify medical exa	USE OF	218. PLACE OF INJURY (e.g., home, form, loclory, street, etc.)	n or obout 21 C. WHERE DID thice bidg., INJURY OCCUR?	(It in Boltimore	City, give exact location)
S OF I	·TIME (Month) (I INJURY PROX.)	Doy) (Year) (Hour)	21E. INJURY OCCURRED While At Not White Work Not White At Work	21F. HOW DID INJ	TURY OCCUR?	
thot	(I) (we) last sow t	he deceosed alive	ve. (I) (We) (did) (dld not)	19ond th	19ta nat in(my) (our) opin	ion death occurred on the date
24A RUI REA BI	PHYSICIAN'S NAME (Type) RIAD CREMATION, 24 MOVAL (Specify) Urial (TE REC'D BY HEALTH	43/69	A PRAVO AC. NAME OF CEMETERY OF CR ME OF REGISTRAR	Director 23D. ADDRESS WOON EMATORY 24D. L	MEMURIA OCATION (City A A	S (80/69 AUSPITAL (Stote) CO ADDRESS (STOTE)
VS 150-F	JUN 3	1969	wife falls 100.	Rebert Repert	ltenburg6	BAIto, Md.



208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location) ond that in (my) (our) opinion death accurred on the date 23B, DATE SIGNED (Stote) Baltimore Co. Maryland ADDRESS Natter-3035 W. North Ave. VS 150-REV. 1/1/68

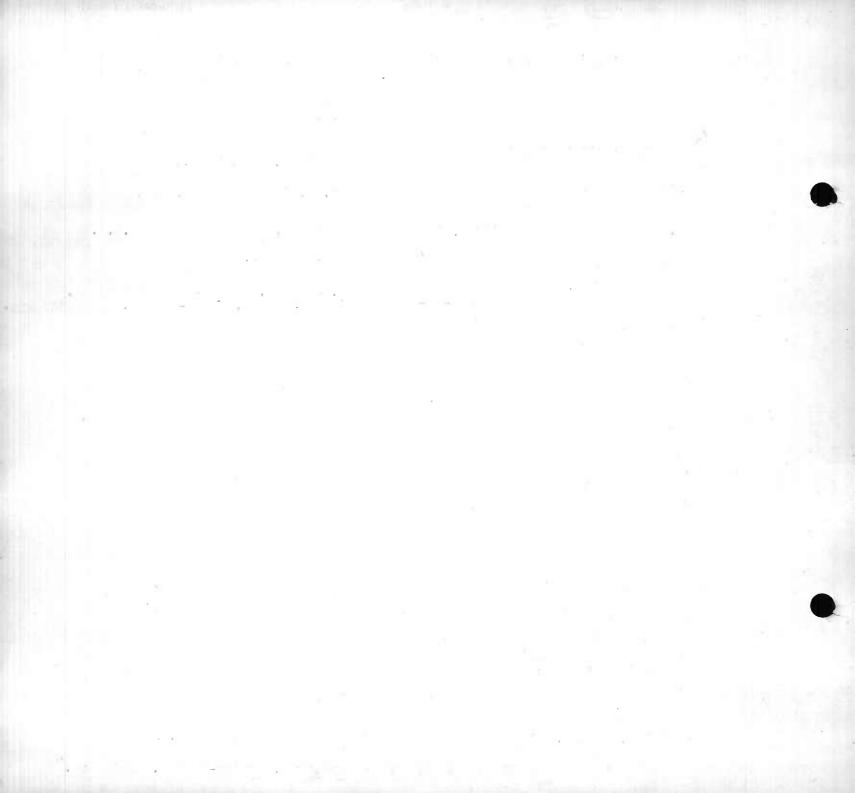
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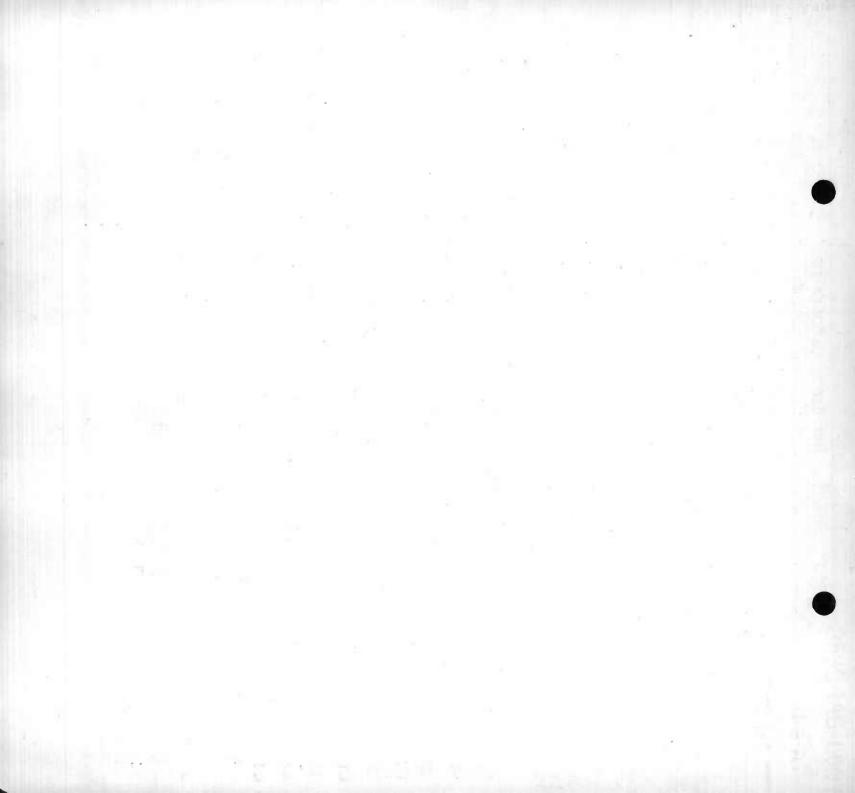
NO.

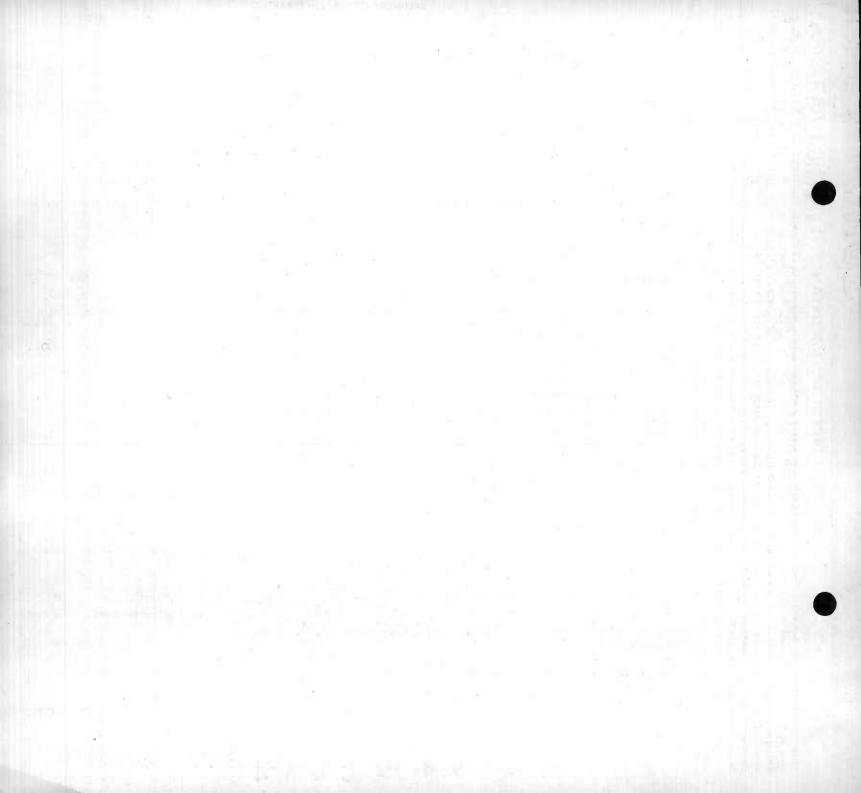
Hours

BETWEEN ONSET AND DEATH

If Under 24 Hrs. Hours i Min.

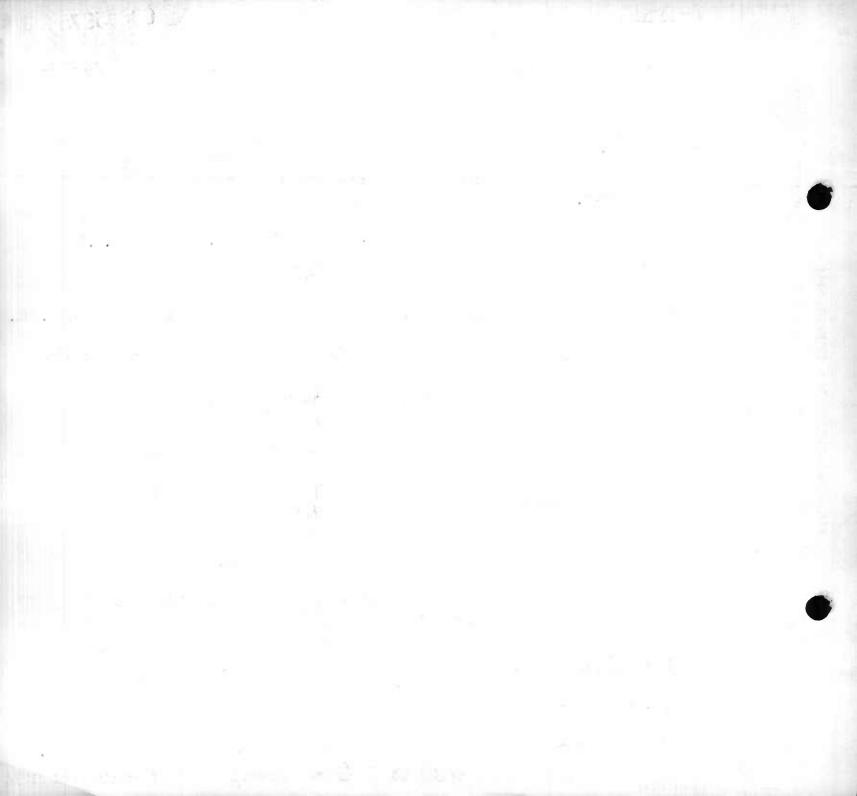






1		69	56	יכי	BALTIMORE CITY	HEALTH DEPARTMENT	\/	69	5674
BI	RTH NO.		00	-	CERTIFICA	TE OF DEATH	REG. NO	00	0074
1.	NAME OF DEC	EASED					AND HOUR OF DEATH		
1	ype or Print)	TILLMAN,				JUNE	2, 1969		2:30P
3.	PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRO	NOU	NCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If in	stitution;	residence before admission
FUH	JLL NAME OF OSPITAL OR ISTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INS	TITU	TION, GIVE STREET	MARYLAND C. CITY OR TOWN	BALTIMORE	DE CITY	53-00
	4					BALTIMORE	D. 11431	YES	-VV
	40	ST. AGNES	HOS	PI	TAL	E. STREET AND NUMBER		153	No [] N
	70					5637 ASHBUR	RN RD 2122	7	
5.	SEX	6. RACE	7. MARRI	D	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Und	or 1 Yr. If Under 24 His Doys Hours Min.
	FEMALE	WHITE	WIDOW			02/16/82	losf bisthdoyl	Months	Doys Hours Min.
10/	A. USUAL OCCL	JPATION (Give kind of work	10B. KIND	OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	reign country	12. CIT	IZEN OF WHAT COUNTE
F	RETIRED	working lite, even it refired)				MARYLAND		!	I.S.A.
13.	FATHER'S NAM	ME				14. MOTHER'S MAIDEN N.	AME		
1 0	GEORGE	TAYLOR				BARBARA (NEE	DICENDATE !		
15.	Was Deceased	Ever in U. S. Armed For	ces?	. 11	6. SOCIAL	17. INFORMANT	DISEMPOID)		ADDRESS
I Te	is, no or unknawn) NONE	lit yes, give war or dole	s of service	el	SECURITY NO.		OCDITAL DE	CODD	
1						ST. AGNES H	OSPITAL RE	CUKD	2
	18. 41	2. 4I			CAUSE OF DEATH				APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	DISEAS	E OR CONDITION DIS	ECTLY			CUA.			
ı	1	of mean the mode al	dvina a		(A) IMMEDIATE CAU	SE	*****		
	heori loilure,	osthenio, etc. It meons	the diseo:	y.,		CONSEQUENCE OF:			
1		plicotion which coused	death.)		A	. S. e. D			
		INTECEDENT CAUSES			(B)				
	DISEASES O	R CONDITIONS, if	ny, givi	ng	DUE TO, OR AS	A CONSEQUENCE OF:	*****************		
	UNDERLYING	obove couse (A)	sloling I	he	(c)				
1		11			(0/				
ATION	OTHER SIGNIFI	CANT CONDITIONS CON BUT NOT RELATED TO TH	TRIBUTIN	Ģ	P.C.	à Brain Sya	/		
¥	DISEASE OR CO	ONDITION GIVEN IN PART	1 (A).			e orain syal			
ERTIFIC	19A-DATE OF	OPERATION 198. CONI WAS PERF	ORMED	R WI	HICH OPERATION	NO	10) 20B. IF YES, WERE F	INDINGS ISES OF	CONSIDERED DEATH?
CAL CE	21A. ACCIDEN OR CONTRIBUT DEATH (notify	T WAS UNDERLYING TING CAUSE OF	2 h e	IB, P. ome, Ic.)	LACE OF INJURY (e.g., In form, fociory, street, off	or about 21 C. WHERE DID ce bidg., INJURY OCCUR?	(If In Ballimore	City, giv	e exact location)
	21 D. TIME	(Month) (Day) (Year)	(Hour) 2	1E, 11	NJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
2	OF INJURY		Ŋ	Vhile	At Not While				
				Vork	At Work	2511 20	CO HINE		(0-
		that (I) (this hospital)			deceosed from		1969 to JUNE		1969
		lost sow the decease				19 <u>69</u> and t	hot in (my) (aur) apin	lan dea	th accurred an the dat
	and hour and	from the couses state	ed obove.	(1)	(We) (did) (did not) vi	ew the body ofter deoth.			
	23A. SIGNATUR	RE	1		10			238. DAT	E SIGNED
		Marcoleo	len	10	Allen Phys.	ding Med.	Staff Phys.		/2/69
	23C. PHYSICIAN NAME (Ty		1		OE GREE!		MD 21229		7 = 7 - 7
	DEC		-010	(MD	DALIO,		1.7.1.1	VENC AVEC
24A	BURIAL CREA		-5/A-	NAA	OEGREE		SP; CATON &		KENS AVES.
	REMOVAL (S	pecify)	0 1		1 0	2406	LOCATION (City	, town, o	r countyl (State)
25A	BUNIA/	BY HEALTH DEPT.	25B. NAMI		REGISTRAR	25G FUNERAL PURECTO	abtimon	30	Maryland
1		JUN 3 1969	-	26	39000	DAGE BELL	5 20 40 /	,	6 DI
 	160 051/ 1/1//	TOTAL PARTY	Lichard	<i>φ ς</i>	NOWOEL M.O.	WITHOU VESCATO	21328711	hUs	Ja. 10d.

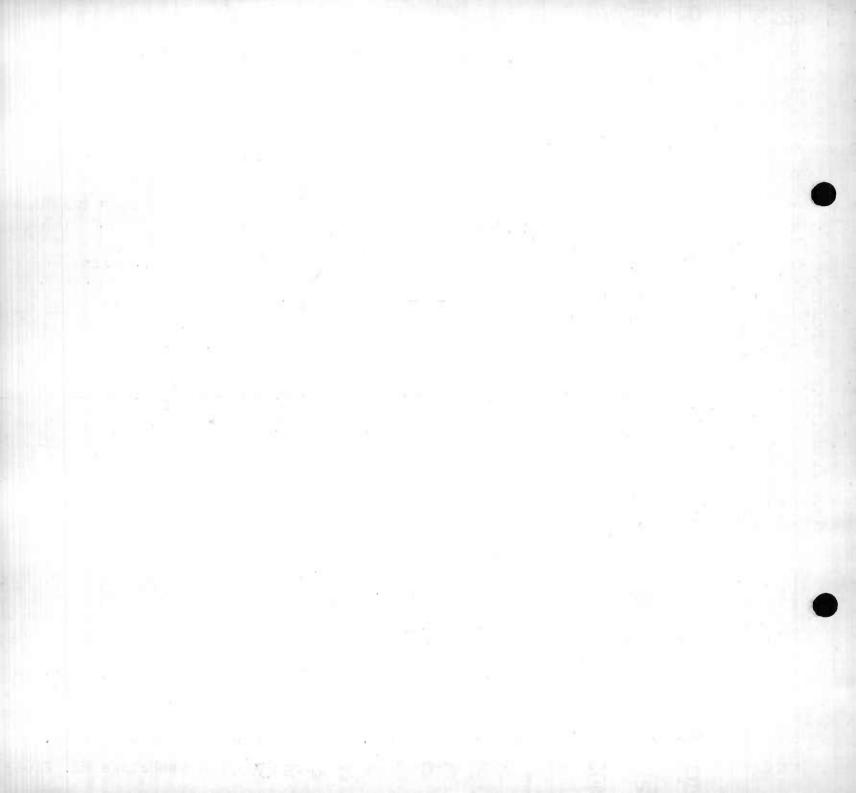
	ALERY .	69 5675 CERTIFICATE OF DEATH X REG. NO. 69 35675	63
	and secth the the	BIRTH NO. 1. NAME OF DECEASED 1. NAME OF DECEASED	3.
	- a a c	(Type or Print)	
	of Dec	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, if institution residence before and	M.
	9 (2)	A.STATE MADVI AND	10
	aus e; (; nda	HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITES	U
	us r t	JOHNS HOPKINS HOSPITAL BALTIMORE YES NO X	
	rting d cau	BALTIMORE, MARYLAND E. STREET AND NUMBER RT#16 BOX 388 21220	
		S. SEX M. DACE TO	
1		MAIF Months Doys Hours	24 Hrs. Min.
		10A. USUAL OCCUPATION (Give and of working life, even if refired) 10A. USUAL OCCUPATION (Give and of working life, even if refired) 112. CITIZEN OF WHAT CO	DUNTRY?
	or nde	Salesman Budle Cost Symple C. Barrier	
-	S = G C + G	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. A	
<u> </u>		LOUIS VACEK MARGARET SILVERSACK	
Z	ind; eath eath	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	
ORTAN	the the de nce	No.	
ō	T C P P L	18. CAUSE OF DEATH	ERVAL
A .	4 6 7 6 8	DISEASE OR CONDITION DIRECTLY	
= =====================================	A P D B E	LEADING TO DEATH [This does not meen the mode of dying, e.g., [This does not meen the mode of dying, e.g., [A) IMMEDIATE CAUSE BRONCHOGENIC CARCINOHA ZYEAR	J
ä	ctu ctu lar	heart failure, asthenia, etc. Il means the disease, injury or complication which caused death.)	
9	fra De	ANTECEDENT CAUSES W HETASTATIC DISEASE.	
Ü,	2 4 3 - F	DISEASES OR CONDITIONS, if any, giving	
DIRECTOR	(3) ex	nise to the above cause (A) stating the UNDERLYING CONDITION tast. (C)	
UNERAL	medica / burns, physici an was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING I TO THE DEATH BUT NOT RELATED TO THE TERMINAL VISEASE OR CONDITION GIVEN IN PART 1 (A)	
H .	dy dy drain		
Z	th YS	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?	
E 3	(2) o ph	OR CONTRIBUTING CAUSE OF (II In Boltimore City, give exect location)	
,	75 9 E Za	B DEATH (natry medical exominer)	
7	hospi nature ept w d (6) r ained	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
	1 A V	(APPROX.) While At Work At Work	
	any (ex ; an	22. 1 certify that (1) (this hospital) attended the deceased from 5/13/69 19 ta 5/36/69 19	
	10	that (1) (we) last saw the deceased alive an 3/30/69 19 and that in(my) (aur) opinion death occurred on the	
	pit pit pit sat	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.	
	de d	23A. SIGNATURE 23B. DATE SIGNED Attending Med. Shoff M	
	a h	Phys. Director Phys. Director Phys. 2	
	An a An a prior	JEROHE L. RUBIN JOHNS HOPICIALS HOSP	
1	7005	REMOVAL (Specify) (S	tote)
	the body shows: (1) was D.O. deceased written a	Burial 6-2-1969 Holy Redeemer Cemetery Baltimore City Md 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS ADDRESS	
- P	the show	VS 150-REV. 1/1/68 ADDRESS A	07.00
	,	VS 150-REV. 1/1/68	2123



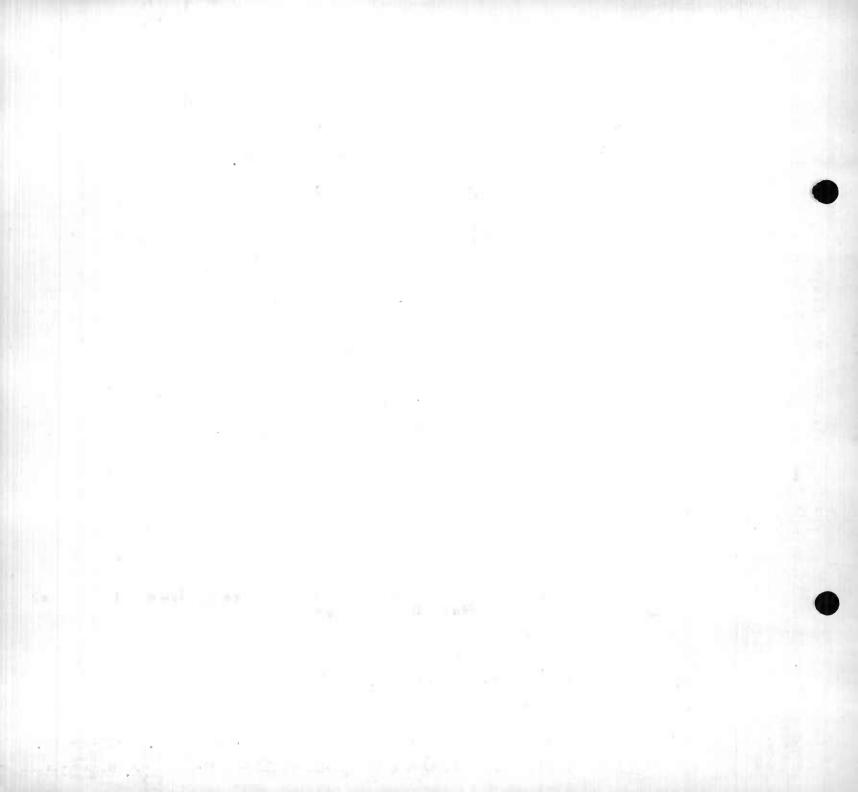
Such

· 技术证明表示		Y HEALTH DEPARTMENT	69 5676
BIRTH NO.	69 5676 CERTIFICA	ATE OF DEATH X REG. NO.	00 0010
1. NAME OF DECEASED (Type or Print)	TWILLEY	3 / MAY	969 4:15 Am.
3. PLACE IN BALTIMORE, MARYLAND	, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, I A. STATE B. COUNTY	finstitution: residence before admission)
HOSPITAL OR ADDRESS OR L	SPITAL OR INSTITUTION, GIVE STREET	MARYCAND Dorche	NSIDE CITY LIMITS?
INSTITUTION		CAMBRIDGE	YES NO
Maryland Genera	al Hospital	E. STREET AND NUMBER	1
· IIIZ J ZULIU U U III J		116 BROHAWN	fue.
S. SEX	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
MALL WHIZ	WIDOWED DIVORCED	04/22/12 5	
10A, USUAL OCCUPATION (Give kind of done during most of working life, even if reti-	work 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
MECHANIC	Md. Tuna	MARYLAND	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Houston Tin	1.1.64	XXXXXXXX Flore	nce Goslin
IS. Was Deceased Ever in U. S. Armer	Forces? 1 6. SOCIAL	17. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or	doles of service) SECURITY NO. 218-07-911	7 W.FE	8this_
18. 7 / 1 2 / 1	CAUSE OF DEA		APPROXIMATE INTERVAL
DISEASE OR CONDITION LEADING TO DEA	(A) IMMEDIATE CA		ocism
(This does not mean the made heart failure, asthenia, etc. It ma		A CONSEQUENCE OF:	
injury or complication which con	Α	1. 1	
ANTECEDENT CAL	ISES (B) $+ \epsilon M$	ORAL ARTERY EMBO S A CONSEQUENCE OF: D and Chronice Heart	CISM
DISEASES OR CONDITIONS,		S A CONSEQUENCE OF:	, - 1
UNDERLYING CONDITION last		1) and Chronice Heart	- Pavegu
_ 11			
OTHER SIGNIFICANT CONDITIONS			
M DISEASE OR CONDITION GIVEN IN		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WE	RE FINDINGS CONSIDERED
	PERFORMED	IN CERTIFYING	CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., home, form, foctory, street,	in or about 21 C. WHERE DID (If in Boltin	more City, give exoct location)
DEATH (notify medical examiner)	etc.)		
21 D. TIME (Month) IDoy) (Y	eon (Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
₹ (APPROX.)	While At Not Wh.		/ /
22. I certify that (III (this has		05/26/69 19 to	5/3//69 19
that (1) (we) last sow the dec	eased alive on 05/31/68	ond that In(a) (aur)	
			aprillon death occurred on the dure
23A. SIGNATURE	stoted above. (We) (We) (did not)	view the body after death.	23B, DATE SIGNED
110 P K		ending Med. Staff	3, 11, 19
22 PHYSICIANS	DEGREE Ph	23 D. ADDRESS	31 1/ lay 6/
JOLE D. B	AKER M.D. DEGREE	MARYCAND GENER	AL Hospital
24A. BURIAL CREMATION, 24B. DAT REMOVAL (Specify)		REMATORY 24D. LOCATION	(City, town, or county) (State)
Burial 6/3,	/1969 Dorchester Me		Dorchester Md.
2SA. DATE REC'D BY HEALTH DEPT	69 258, NAME OF REGISTRAL	2SC. FUNERAL DIRECTOR	ADDRESS
JUIT O IN	ARI ANDLAND ON CHARLES LED .	O Pro Se TE VIIIA GG	ambridge Md. 2161

REMOVAL (Specify) Dorchester Md. Burial 6/3 Dorchester Mem. Park Cambridge
AME OF REGISTRAY 2SC., FUNERAL DIRECTOR 258, NAME OF REGISTRAN 25A. DATE REC'D BY HEALTH Cambridge Md. 21613 VS 150-REV. 1/1/6B



REG. NO. DS REG. NO. DS SEX G. RACE Married Never marr						
NAME OF DECEASED YPE OF PRINT) SCHULCKAYT PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD ULL NAME OF ADDRESS OR LOCATION) OSTITAL OR ISTITUTION OSTITAL OR ISTITUTION OSTITAL OR OWINGS MILLS OWINGS MILL						
PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD WILL NAME OF OSPITAL OR INSTITUTION, GIVE STREET OSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION! SEX F 6. RACE 7. MARRIED NEVER MARRIED NEVER MARRIED DIVORCED A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) SA CS LOCATION NOW A COUNTY NO. A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) SA CS LOCATION NOW A COUNTY NO. NOW A COUNTY NO. 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS ADDRESS ADDRESS ADDRESS A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTY 12. CITIZEN OF WHAT COUNTY 14. MOTHER'S MADEN NAME Chas. Sa Decoased Ever in U. S. Armed Forces? Location 15. Social Security No. 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS ADDRESS						
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A. STATE B. COUNTY Maryland Baltimore C. CITY OR TOWN OWINGS Mills OWINGS Mills OWINGS MILL OAKE OF MARRIED NEVER MARRIED DIVORCED						
SEX G. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years Months) Doys Hours Mir Months Doys Hours Mir Months Doys						
SEX G. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months; Doys Months; Doys						
SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Doys Hours Mir WIDOWED DIVORCED 1 - 19 - 1885 4. Months Doys Hours Mir Or Working lile, even if retired 12. CITIZEN OF WHAT COUNTRY IN MONTHS OF WHAT COUNTRY IN MOTHER'S MADEN NAME 14. MOTHER'S MADEN NAME 14. MOTHER'S MADEN NAME 15. SOCIAL 16. SOCIAL 17. INFORMANT ADDRESS ADDRESS 16. SOCIAL 17. INFORMANT ADDRESS 18. SOCIAL 18. SOCIAL						
SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Doys Hours Mir A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY of the state of t						
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A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Sales lady FATHER'S NAME Chas. Frederick Wos Deceased Ever in U. S. Armed Forces? es, no of unknown) (If yes, give wor or dates of service) Months Doys Hours Million Strikldoy) Months Doys Hours Million Strikldoy) Widow Divorced 1 - 19 - 1885 What I are the strikldoy) Work Deceased Ever in U. S. Armed Forces? Bode Address A						
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Sales lady Tuerko's Sift shap Maryland U. S. A. FATHER'S NAME J Chas. Frederick Hahn Wos Deceased Ever in U. S. Armed Forces? Es, no of unknown) [(If yes, give wor or dates of service)] SECURITY NO. 17. INFORMANT ADDRESS						
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Chas. Frederick Haln Freida Bode Wos Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS						
Chas. Frederick Haln Freida Bode Wos Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS						
es, no of unknown) (If yes, give wor or dotes of service) SECURITY NO.						
es, no of unknown) (If yes, give wor or dotes of service) SECURITY NO.						
NO JAIL 10 014 VERONE CRAUCH R. N.						
18. CAUSE OF DEATH						
BETWEEN ONSET AND DI						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH						
(A) IMMEDIATE CAUSE VICELLOSIE ?						
heart failure, asthenia, etc. It means the disease,						
injury or complication which caused death.)						
ANTECEDENT CAUSES H (H1) c Coup Int to Cent 12 cms						
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:						
rise to the above cause (A) stating the						
UNDERLYING CONDITION last. (c) That a security						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL						
(DISEASE OR CONDITION GIVEN IN PART 1 (A).						
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
OR CONTRIBUTING CAUSE OF bother form factory street office bldg. INJURY OCCUR?						
DEATH (notify medical examiner) etc.)						
21D. TIME (Month) (Day) (Yoor) (Hour) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR?						
While At Not While						
Work L At Work L						
22. I certify that (1) (this haspital) attended the deceased from TVNE 13 19 66 to JUNE 1 19 65						
An and the second secon						
that (1) (we) last saw the deceased alive an MAY 31 19.69 and that in(my) (our) apinian death accurred an the						
that (1) (we) last saw the deceased alive an MAY 31 1969 and that in (my) (our) apinian death accurred an the ond hour and from the couses stated above. (1) (We) (did) (did not) view the body after death.						
that (1) (we) last saw the deceased alive an MAY 31 1969 and that in (my) (our) apinian death accurred an the ond hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE						
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that (1) (we) last saw the deceased alive an MAY 31 19.69 and that in (my) (our) apinian death accurred an the ond hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE Phys. Attending Med. Staff Phys.						
that (I) (we) last saw the deceased alive an MAY 31 19.69 and that in (my) (our) apinian death accurred an the ond hour and from the couses stated above. (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE S. Attending Med. Director Staff Phys. 23B. DATE SIGNED 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type)						
that (I) (we) last saw the deceased alive an MAY 31 19.69 and that in (my) (our) apinian death accurred an the ond hour and from the causes stated above. (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE Staff Director Phys. 31 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) E. Hunter Wilson, Jr., M.D. AGREE 700 W. 40th Street						
that (I) (we) last saw the deceased alive an MAY 31 19.69 and that in (my) (our) apinian death accurred an the ond hour and from the causes stated above. (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Med. Director Phys. 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) F. Hunter Willson Ir. M. D. 700 M. (40th Street)						
that (I) (we) last saw the deceased alive an MAY 31 19.69 and that in (my) (our) apinian death accurred an the ond hour and from the couses stated above. (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE Attending Med. Director Phys. Staff Director Phys. 23D. ADDRESS NAME (Type) E. Hunter Wilson, Jr., M.D. Aggree 700 W. 40th Street A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State and the course of the cou						
that (I) (we) last saw the deceased alive an MAY 31 19.69 and that in (my) (our) apinian death accurred an the ond hour and from the couses stated above. (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE Attending Med. Director Phys. Staff Director Phys. 23D. ADDRESS NAME (Type) E. Hunter Wilson, Jr., M.D. Aggree 700 W. 40th Street A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State and the course of the cou						
that (I) (we) last saw the deceased alive an MAY 31 19.69 and that in (my) (our) apinian death accurred an the ond hour and from the couses stated above. (I) (We) (did) (did not) view the body after death. 23A. SIGNATURE Attending Med. Director Phys. Staff Director Phys. 23D. ADDRESS NAME (Type) E. Hunter Wilson, Jr., M.D. Attending Med. Director Phys. Staff Director Phys. Director Director Phys. Director Dire						



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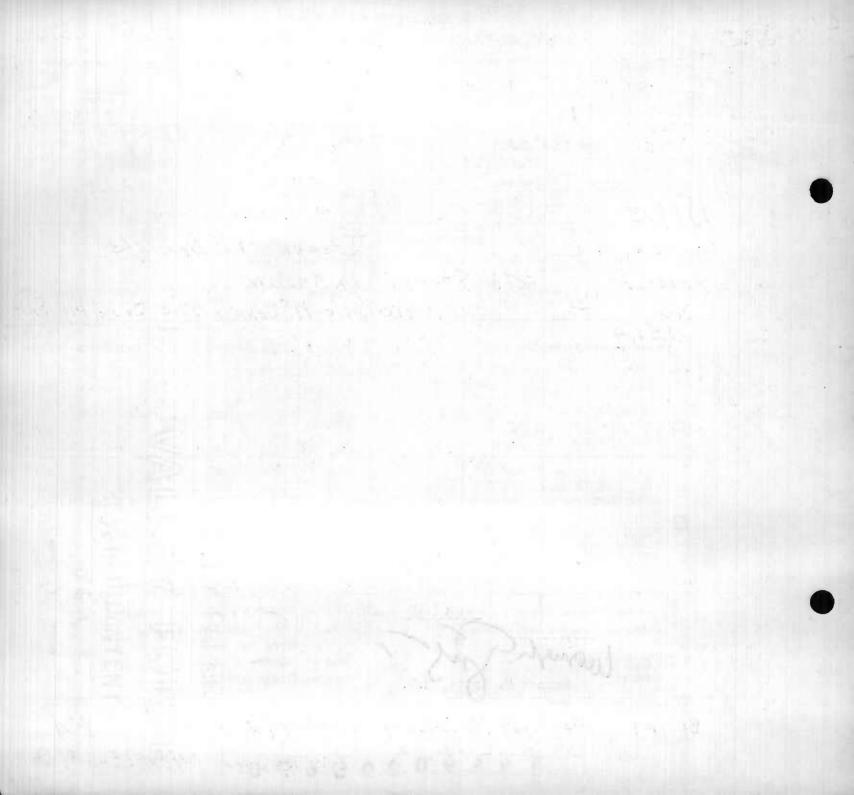
69 5679 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	69 5679
BIRTH NO.	REG. NO.2	
1. NAME OF DECEASED (Type or Print)	2. DATE Knawn Manth Day	Year Haur
LLOYD MC DANIELS	DEATH Estimated X	м.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day	Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD May 26,	1969 8:05 P _M
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If Institution.	residence before admission)
Provident Hospital (DOA)	A. STATE B. COUNTY XMaryland	17-13
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CIT	TY LIMITS?
_male negro WIDOWED DIVORCED	Baltimore YE	s 🛚 NO 🗌
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths, Days, Haurs, Min.	E. STREET AND NUMBER	
1) 1/13 last birthday) Manths, Days, Haurs, Min.	703 W. Lafayette Avenue	
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
COLUMBIA, N.C. WHAT COUNTRY?	Joseph McDANIA	5/5
14A. USUAL OCCUPATION (Give kind al work) 14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME	
LABeror Beth. Steel	DNKNONN	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT AD	DDRESS
(Yes, no agrunknawn) (If yes, give war ar dates af service) SECURITY NO. 705-12-772	KAtie Me DANIELS 2205	Druid Hill Bal
19. CAUSE OF DEA		APPROXIMATE INTERVAL
DISTANCE OF COMPUTED A PROPERTY.		BETWEEN ONSET AND DEATH
	oma of Stomach	
(This does not mean the made of dying, e.g., OLIFTO, OR	CAUSE AS A CONSEQUENCE OF:	
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)		
ANTECEDENT CAUSES (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST		
0		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes ar Na)
lo l		No
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g.,	in ar about 22C. WHERE DID (If in Saltimare City, give exact	
U HADERIVIAIC TOR CONTRIB	the bldg., etc.) INJURY OCCUR?	a racanan)
UTING CAUSE OF DEATH. 22D. TIME (Month) (Day) (Year) (Hour) 22E INJURY OCCURRED		
OF INTURY	22F. HOW DID INJURY OCCUR?	
	WHILE VORK	
23.		
I certify that I held an Inquiry Inspection X Au	tapsy and that an this basis, death in my	opinlan
resulted fram: Natural causes Accident Suici	de 🗌 Hamicide 🔲 Undetermined manner 🗌	
1 1 1 1 1	CHIEF MEDICAL EXAMINER	
ACTUAL 100 DANS	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.E)	5/27/69
EXAMINER'S Werner U. Spltz, M.D.	ASSOCIATE MEDICAL EXAMINER	
24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town	, or county) (State)
BURIA 1 MAN 31.69 M7/Alian	Cemetary Batimore.	MI
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR		DDRESS
JUN 3 1969 west E. Jaiber M.D.		Extar Pl Bar

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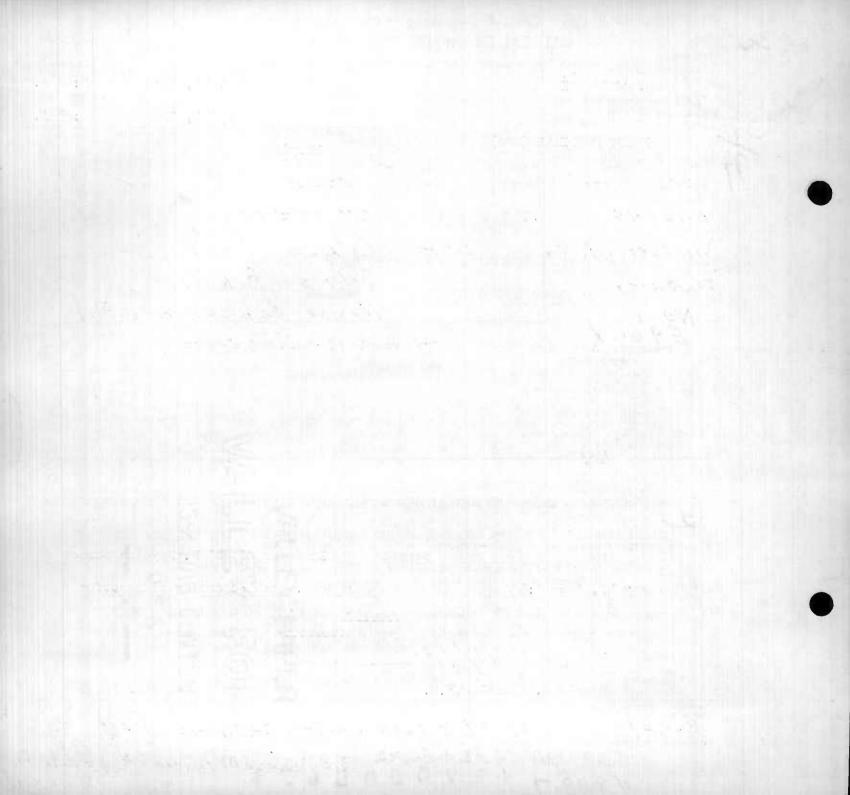
Md



69 5680 BALTIMORE CITY HEALTH DEPARTMENT

	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH
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AAEDICAL EVALANIED'S CEDTIEICATE OF DEATH	59 5680
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
I. NAME OF DECEASED 2. DATE Month Day OF DEATH Estimated May 23, 1969	Yeor 2:00 A. _{M.}
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) 3. DATE PRONOUNCED DEAD May 23, 1969	Year Haur 2:00 A.M.
OR INSTITUTION MERCY HOSPITAL (DOA) S. USUAL RESIDENCE (Where deceosed lived. If institution: re A. STATE Maryland B. COUNTY	
6. SEX 7. RACE 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY	LIMITS?
Male Negro WIDOWED ☐ DIVORCED ☐ Baltimore YES	P NO D
P. DATE OF BIRTH 10. AGE (In years lost birthday) 10 - 12 - 42 10. AGE (In years lost birthday) 27 If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER Months, Doys, Hours, Min. 1711 Harford Avenue	9-09
WINTUEL N. C. 12. CITIZEN OF WHATCOUNTRY? OCTOVIS Reid	
4A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME Delay 15. MOTHER'S MAIDEN NAME Delay 15. MOTHER'S MAIDEN NAME	
	RESS Sa Blud
CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Stab wounds of chest and abdomen	DEFINEER ONCE AND DEATH
(This daes not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury ar complication which coused death.)	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (b) DUE TO, OR AS A CONSEQUENCE OF: (C)	
C)	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	Yes
22A. EXTERNAL CAUSE WAS UNDERLYING © OR CONTRIB. UTING □ CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (If in Boltimore City, give exact I hame, farm, factory, street, office bldg., etc.) Street In front of 621 E. Fayet	ocotion) 4-01
22D. TIME (Month) (Doy) (Yeor) (Haur) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR?	
(APPROX.) May 23, 1969 1:40A m. WORK Stabbed during alter	rcation
I certify that I held on Inquiry Inspection Autopsy and that on this basis, death in my op	Inion
resulted from: Noturol couses Accident Suicide Homicide Dundetermined manner	
ACTUAL SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D. ASSOCIATE MEDICAL EXAMINER	5/23/69
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, o	Roll Md
	RESS 1900
JUN 3 1969 Juber E. Jaiber, M.D. J. B. Johnson FUNERA!	HOME ENTAUP!
/S 1S1-REV. 1/1/68 N 8 7 9 , 7 3 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ISAIT.NICY



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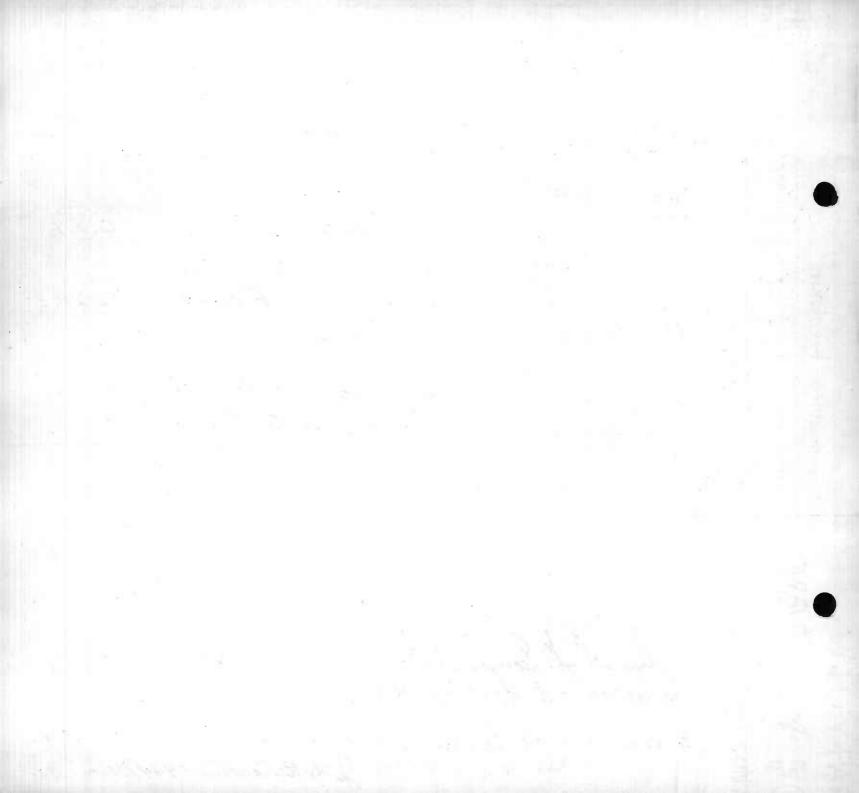
69 5681 BALTIMORE CITY HEALTH DEPARTMENT

69 5684

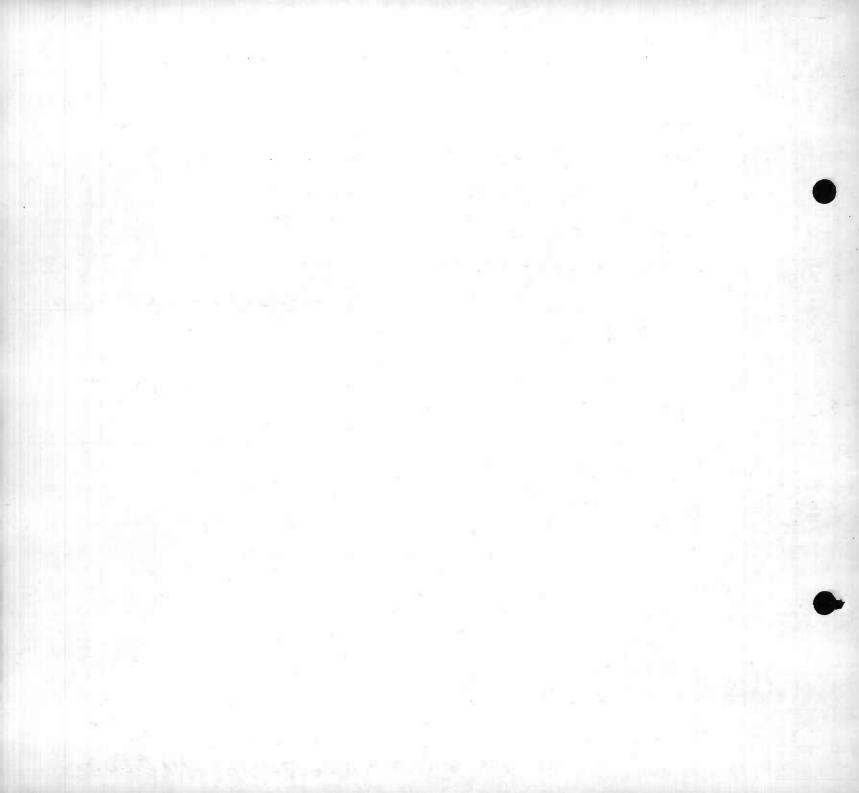
A	MEDICAL	EXAMINER'S	CERTIFI	CATE OF	DEAT	H REG. NO.		0001
SIRTH NO.								
NAME OF DECEASED			2. DATE OF	Known X	Month	Doy	Yeor	Hour
KENNETH L			DEATH	Estimoted .	5	31.	1969 Yeor	1:45 p
. PLACE IN BALTIMORE, MARYLA			3. DATE	UNICED DEAD	Month	Day	Yeor	Hour
ULL NAME OF (IF NOT IN H	IOSPITAL OR INSTII R LOCATION)	TUTION, GIVE STREET	PRONO	UNCED DEAD	May	31.	196	9 1:45
OR INSTITUTION	(LOCAHOT)		5. USUAL F	ESIDENCE (When				
St Agnes	H ^O spital	DOA	A. STATE	Manueland		B. COUNTY	m-244	(2
			C. CITY OF	Maryland		TD. INSIDE C	Baltin	ore
. SEX 7. RACE	D. MARRIE	NEVER MARRIED	C. CITT OF		03.000	D. INSIDE C		
Male White	WIDOWE	DIVORCED		TITUES	21227	Y	ES .	NO EC
It4		If Under 1 Yr. If Under 24 Hrs. Nonths Doys Hours Min.	E. STREET	AND NUMBER				
lay 27, 1909	birthdoy)	Months Doys Hours Mill.	1202	Levering	Ave.			
1. BIRTHPLACE (State or foreign cou		2. CITIZEN OF	13. FATHER		******			
		WHAT CQUNTRY?	A -	harana Dandan				
Baltimore, Maryla	and	U.S.A.	AS	bury Rudy				
4A.USUAL OCCUPATION (Give kind one during most of working life, even if r	etired)	OF BUSINESS OR INDUSTRY	1 15. MOTHE	K'S MAIDEN NA	WE			
Secretary	Rail	road		arlotta W	etteha	ck		
. WAS DECEASED EVER IN U.S.	ARMED FORCES?	17. SOCIAL	18. INFOR	MANT		A	DDRESS	
es, no or unknown) (If yes, give wor or	dotes of service)	705 05 4969	Mine	rva Rudy	Same			
119.		CAUSE OF DEA		I va rougy	20116		AF	PROXIMATE INTERV
4/12/41		CAUSE OF DEA	in					FEN ONSET AND DE
ANTECEDENT CAUS DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE (UNDERLYING CONDITION OTHER SIGNIFICANT CONDITION	IF ANY, GIVING A) STATING THE LAST.	(C)	AS A CONSI	QUENCE OF:				
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELADISEASE OR CONDITION GIVE	TED TO THE TERMIN	VAL		q q q = q q = = = = = = = = = = = = = =				
20A. DATE OF OPERATION 201		OR WHICH OPERATION W	AS PERFOR	MED			21. AUTO	PSY? (Yes or No
5 2								
22A. EXTERNAL CAUSE WAS	10	OR DIACE OF INITIDY	:b b	22C WHERE DID	/II :- P-lat	City -by	YES	
UNDERLYING OR CONTRIB-	h	2B. PLACE OF INJURY (e.g., ome, form, foctory, street, offic	e bldg., etc.)	INJURY OCCUR?	(If In Boltimo	ire City, give ex	ocr roconon)	
OF INJURY (Month) (Doy)	(Yeor) (Hour)		WHILE	22F. HOW DID IN	JURY OCC	UR?		
(APPROX.)			VORK					
23.			1007					
I certify that I held o	on Inquiry	Inspection 🔲 🚣	tonsy XX	and that an	this basis,	death in my	apinlan	
resulted from: Natur	al causes XX	Accident Suicio	de 🗌 H	amicide 🔲	Undetermi	ned manner		
-17	111	1		CHIEF MEDICAL		П		
ACTUAL A	1+11	110						DATE SIGNED
SIGNATURE.	7 100	M.C).	ISTANT MEDICAL		NA.		
EXAMINER'S			ASS	OCIATE MEDICAL	EXAMINER			
NAME (Type) Edwa	rd F. Wil	son, M.D.					me 1.	1969
4A. BURIAL CREMATION, 24B. D		24C. NAME of CEMETERY	ar CREMAT	ORY 24D	LOCATION		n, or county	
EMOVAL (Specify) Burial	/4/69	Tandan David	2) -	211			
		Loudon Park (V /		re- Mary	rland	. /
SA. DATE REC'D BY HEALTH DEPT	. 25B. NA	ME OF REGISTRAR	{ 25C.	ELINERAL DIRECT	OR	Suca !	DORESS	de
11IN 3	1060	2. Q.S. Fa. Q. Ne	A FOR	uzdzinski.	Funer	1 Home	7407 F	astern A

Table Mariant		
1700 iswering ave.		90 21, 1909
Assatz sary	.1.1.0 b	lettlener, impan
Chardotta wetteback	LeonLink	Secretary
- mac that events for		- 0/1
	The latest particular to the second	

VS 150-REV. 1/1/6B

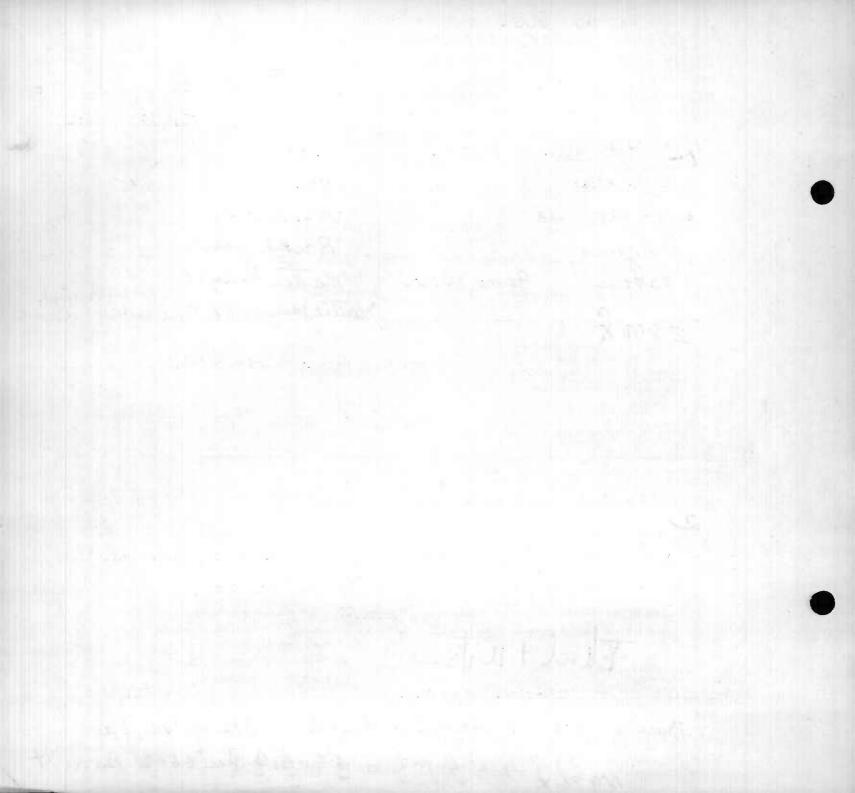


4	254	BALTIMORE CITY HEALTH DEPARTMENT
	checha checha	BIRTH NO. 69 5683 CERTIFICATE OF DEATH REG. NO. 69 5683
	death death ceased on the	(Type or Print) ONORINA NORA LAGNA HAY 31, 1969 10.300. M
•	ospire e of 5) De nce leath	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)
	use; use; tendo	BO 7 (MORE YES NO)
	d ca prio	164 N. POTOMAC ST. 164 N. POTOMAC St.
	occurrontrible ermine regula eased is mac	5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeors lost birthday) WIDOWED DIVORCED MARRIED 110. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
	death or c Undet as in e dec	done during most of working life, even if retired) HOUSEWTE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Z.	direct direct 1; (4) U th wa on the dispos	STEPHEN PREVOSTO 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
RTAI	the	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. EAN-STLAGNA 164 N. POTOMAC ST
MPOR	lso, if of any of any ounced thenda	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., DIF TO OR AS A CONSEQUENCE DE.
	ner or ner. A strure prond lar a	(This does not mean the mode of dying, e.g., heart foilure, asthenio, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: Output Carteria Selevation Washing Selevation Washing Selevation S
IRECTO	examired (3) A from who in regular is are er	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving tise to the obove couse (A) slating the UNDERLYING CONDITION last. (B) DUE TO, OR AS A CONSEQUENCE OF:
RALD	medical medical burns; physicic an was	O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).
NER	Chiet Body the the ysici	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
J.	the halby; (2) here to ph	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in ar about location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in ar about location) INJURY OCCUR?
	hospi hospi nature ept w d (6) h	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR? While At Work At Work
	of any and (exc	22. I certify that (I) (this hospital) attended the deceased fram 2/19 1968 to May 3/ 1969 that (I) (two) last saw the deceased alive an May 3/ 1969 and that in(my) (tor) apinlan death accurred an the date
	dent dent ospit deat must	and haur and fram the causes stated abave. (1) (WE) (did) (did nat) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Med. Staff
	rel acc or to	23C. PHYSICIAN'S NAME (Type) 23C. Physician's Name (Type) 23D. Address 23D. Address 23D. Address 23D. Address 23D. Address
		Philiber + Critique and DEGREE MAY FINAL CITY (City, lawn, or county) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY PREMOVAL (Specify) 24D. LOCATION (City, lawn, or county) (Stote)
	This certifue body shows: (1) was D.O. deceased	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS 110 3 1969 DIRECTOR BY DEPT. 125B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS 111 3 1969 DIRECTOR BY DEPT. 125C. FUNERAL DIRECTOR ADDRESS
	- 4, , 0 ,	VS 150-REV. 1/1/6B



69 5684 BALTIMORE CITY HEALTH DEPARTMENT

BIR	RTH NO.		MEDI	CAL E	XAMINER'S	CERTIF	CATE OF	DEAT	H REG. NO.	69	5684
_	NAME OF DEC	EASED				2. DATE	Known 3434	Manth	Day	Yeor	Hour
(Typ	pe ar Print)	FI	RANK J	AMES		OF DEATH	Estimated		31	69	/ 15
4.	PLACE IN BAL				DUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour 4:15 a.M.
HO	L NAME OF SPITAL INSTITUTION	(IF NOT	IN HOSPITAL	OR INSTITUTI	ON, GIVE STREET		RESIDENCE (Whe	May		969	4:15 a M.
	43				L Hosp.	A. STATE	Maryland		B. COUNTY	2	3-01
6.	SEX	7. RACE		8. MARRIED	NEVER MARRIED	C. CITY O	RTOWN		D. INSIDE CIT	TY LIMITS?	
	Male	Colore	eď	WIDOWED	DIVORCED .	l∥ B	alto.		YE	SE	NO 🗆
9. [6-10-		10.AGE (In last birthday)		nder 1 Yr. If Under 24 Hrs. ths Days Haurs Min.		AND NUMBER 61 W. Hen	riotta			
11.	BIRTHPLACE (S	-10-10	n country)		MHAT COUNTRY?	13. FATHE		O	4 = 4		
140	USUAL OCCU	Pini	Z	AR VIND OF	BUILDINGS OF INDUSTR	V 15 NOTH	aupin	y con	CC-		
dan	e during mest of	orking life, eve	en if retired)	Force	BUSINESS OR INDUSTR	TIS. MOTH	to llie	Knin	lit		
	WAS DECEAS s, na ar unknown			FORCES?	17. SOCIAL SECURITY NO.	18. INFOR	MANT	14176	AD	DRESS	norfolds.
	19	0.4.37			CAUSE OF DEA	TH	ie james	1 4366 6	. Trincle	e um	PROXIMATE INTERVAL
	(This daes n	E OR CONDI LEADING TO that mean the thousand the state of the thousand the state of	DEATH mode of dyin	ng, e.g., disease,	(A)IMMEDIATE		rbon mono	xide po	oisoning	BETW	FEN ONSET AND DEATH
CERTIFICATION	DISEASES (RISE TO THI UNDERLYIN	NTECEDENT (OR CONDITION E ABOVE CAU NG CONDITION HIFICANT CON	ONS, IF ANY, JSE (A) STATI ON LAST.	NG THE	(B)(C)	AS A CONS	QUENCE OF:				
TIFIC	TO THE DE	ATH BUT NOT	RELATED TO T	HE TERMINAL RT 1 (A).							
ER	20A. DATE OF	FOPERATION	20B. CON	DITION FOR	WHICH OPERATION W	AS PERFOR	MED			21. AUTO	PSY? (Yes or No)
7	2									Y	ES
MEDICA	UNDERLYING UTING CA	USE OF DEA	TRIB- TH. ay) (Year)	(Haur) 2	PLACE OF INJURY (e.g. e, farm, factory, street, affi Home 2E.INJURY OCCURRED WHILE AT NO AT N	ce bldg., etc.)	22c. WHERE DID INJURY OCCUR? 3rd f1. 22F. HOW DID II Conf1ag:	front NJURY OCC	161 W.		etta
	l cert	ER'S	oturol caus	7 N		D. ASS	ond that on lomicide CHIEF MEDICAL ISTANT MEDICAL OCIATE MEDICAL	Undeterm EXAMINER EXAMINER	deoth in my ined monner [date signed
RE	A. BURIAL CREMOVAL (Speci	ity)	6-6-	69	Ham In YO	ational	ORY 240 Com - FUNERAL DIRECT	Han TOR	(City, town	ar county	
VS	151-REV. 1/1/6	UN 3	1969	1800 E	Jackey M. D.	15	harles 4	E. Rice	-,6612	W. Be	arrest

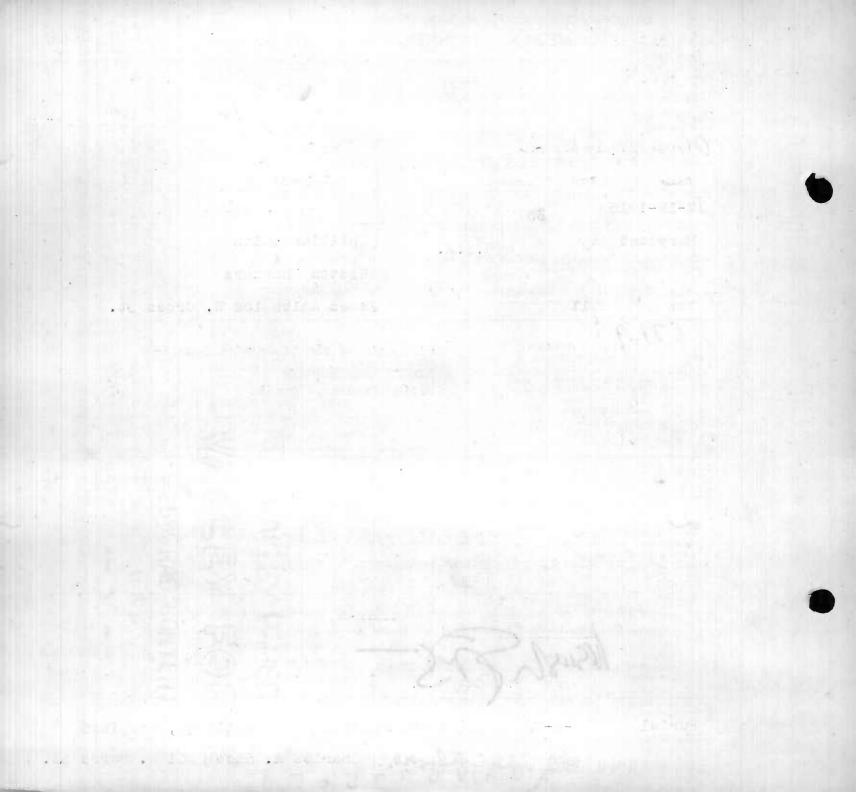


5-530

69 5685 BALTIMORE CITY HEALTH DEPARTMENT

J	0000	,		
M	FDICAL	FXAMINER	'S CERTIFICATE	OF DEATH

DIDYLL N.O.		MED	ICAL	EXAM	INER'S		CATE OF	DEAT	H REG. NO	69	5685
I. NAME OF DEC						2. DATE OF	Known 🗆	Month	Doy	Yeor	Hour
ARTI				SMITH		DEATH	Estimoted 💹				N
4. PLACE IN BAL FULL NAME OF HOSPITAL	(IF NO	ARYLAND, W OT IN HOSPITA ESS OR LOCAT	L OR INSTIT			3. DATE PRONOI	INCED DEAD	June	2,	1969	9:25 B
00903 F	Ridgelv	Street				5. USUAL R A. STATE Man	SIDENCE (Wherevland		ed. If institution B. COUNTY	n: residence	before odmission)
S. SEX	7. RACE			D NEVER	MADDIED	C. CITY OR			D. INSIDE C	ITY LIMITS?	-01
male	neg		WIDOWE	_	DIVORCED [Bal	timore			ES X	NO 🗆
12-19-1		10. AGE (In lost birthdoy) 1		f Under 24 Hrs. Hours Min.		ND NUMBER Ridgely	Street			
Maryla Maryla			1:	U.S.A	UNTRY?	13. FATHER			wide in		
4A.USUAL OCCU							r's maiden na ca Chamb		-		
6. WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES?	17. SOC	TAL JRITY NO.	18. INFORM	Allen 1	36 W.		DDRESS	
110					AUSE OF DEA			.00 11.	01 000		PPROXIMATE INTERVAL
(This does n heart failure injury or con AT DISEASES (RISE TO THE UNDERLYIN OTHER SIGN	, osthenio, etc nplicotion whi NTECEDENT DR CONDITI E ABOVE CA NG CONDIT	mode of dyi It means the ch coused deo CAUSES ONS, IF ANY, USE (A) STAT ION LAST. II NDITIONS CO	GIVING NG THE	. (Broncho	pneumonia	a			
DISEASE OR	CONDITION	RELATED TO	RT 1 (A).			********					000 00 00 00 00 00 00 00 00 00 00 00 00
20A. DATE OF	OPERATIO	N 20B. CON	DITION FO	OR WHICH C	PERATION W	AS PERFORM	ED			21. AUTO	Yes or No)
UNDERLYING UTING CA	USE OF DEA	TRIB-	(Hour)	ome, form, foc	Y OCCURRED	e bldg., etc.) II	2C. WHERE DID NJURY OCCUR? 2F. HOW DID IN			oct locotion)	
	JRE	eld an In	quiry			tapsy X de Ha	and that an t micide CHIEF MEDICAL I STANT MEDICAL I	Undetermin EXAMINER EXAMINER	death in my ned manner	opinion	DATE SIGNED 6/3/69
24A. BURIAL CREA	MATION, 12	24B. DATE		14C. NAME	of CEMETERY	or CREMATO	RY 24D.	LOCATION	(City, tow	n, or county) (Stote)
Burial		6-6-6			imore N	lations	l B	altim	oro, N	aryla	nd
25A. DATE REC'D	BY HEALTH			ME OF REGI	STRAR	25C. F	UNERAL DIRECT	OR		ADDRĚSS	re St.
	IIIN 3	1969	William P	ر المعدد	100	7			00%	3 23-52	



B-652

33

69 5686 BALTIMORE CITY HE	ALTH DEPARTMENT
BIRTH NO. Montgomery Co. md	CERTIFICATE OF DEATH REG. NO. 69 5686
I. NAME OF DECEASED Type or Print) LESLIE BARNES	2. DATE Known Month Doy Year Hour OF Estimoted K M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	3. DATE PRONOUNCED DEAD May 26, 1969 7:35 PM. 5. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
Johns Hopkins Hospital 7. RACE B. MARRIED NEVER MARRIED	A. STATE Maryland C. CITY OR YOWN B. COUNTY Prince George D. INSIDE CITY LIMITS?
female white widowed Divorced	E. STREET AND NUMBER E. STREET AND NUMBER
Nov. 22, 1966 3 2 6 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	12201 Rockledge Drive
4A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY lone during most of working life, even if retired)	Michael F. Barnes (15. MOTHER'S MAIDEN NAME Beverley I. Fry
16. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give wor or close of service) None 17. SOCIAL SECURITY NO.	Prince George's Co., Social Services
LEADING TO DEATH (A) IMMEDIATE C	Concussion BETWEEN ONSET AND DEATH
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
OF COLUMN (C)	
-12	Yes
UNDERLYING FOR CONTRIBUTION home, form, foctory, street, office home, foct	10000 - 10 1 - 1 - 1 - 1
23. I certify that I held on Inquiry Inspection Auresulted fram: Natural causes Accident Suicid	topsy Ond that on this basis, death in my opinion Homicide Undetermined manner
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz, M.D.	CHIEF MEDICAL EXAMINER DATE SIGNED
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify) 5/31/69 MIDDLETOWN	Or CREMATORY 24D. LOCATION (City, town, or county) (Stote) CEMETERY MIDDLETOWN MD.
JUN 3 1969 258 NAME OF REGISTRAR NA.D.	25C. FUNERAL DIRECTOR ADDRESS, ADDRESS, SOUTH
/S 151-REV. 1/1/6B	, (4

Z.

				2, 1966	Kov. 2
	Richael F. James	1527		angland	
	Banardan I. Fan	/lit /lome			Babin
Social Sawi	Falmos Sensys to Co.,		lone		No

tiso.

(Care 5/5)

G-635

69 5688 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	FXAMINER'S	CERTIFICATE OF	DEATH
MILDICAL	LVWMIII AFK 2	CERTIFICATE OF	DLA III.

MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO. 9 5688
NAME OF DECEASED (SEPARDO)	2. DATE Known Dx Month Doy Year Hour
GERALD GIORDANO	OF DEATH Estimoted 6 1 69 1:00 p.m.
. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL ADDRESS OR LOCATION) R INSTITUTION	PRONOUNCED DEAD June 1, 1969 1:00 p. M. 5. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
21 City Wasnital	A. STATE B. COUNTY RALPA 52
City Hospital SEX 7. RACE B. MARRIED NEVER MARRIED	Maryland D. INSIDE CITY LIMITS?
Male White WIDOWED DIVORCED	
	Balto. YES NO L
8/19/97 lost birthdoy) Months, Doys, Hours, Min.	120 Bi-romaido Bd
1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	129 Riverside Rd.
WHAT COUNTRY2	PASQUALE GIORDANO
AA.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY	
one during most of working life, even il retired)	ANTONIA? 51220
6. WAS DECEASED EVER IN U.S. ARMED FORCES? 9. no.or yaknown)((1) yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	IB. INFORMANT ADDRESS
s. WAS DECEASED EVER IN U.S. ARMED FORCES? es, na or unknown)((Il yes, give wor or dates al service) 17. SOCIAL SECURITY NO 195-09-4633	KITTY GUTENBERGER ABOVE
19. E 814 TO CAUSE OF DEAT	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	AUSEMultiple injuries with complicating
heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF: pneumonia
injury or complication which coused death.)	·
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR A	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST. (C)	
li (2)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No)
	No
22A. EXTERNAL CAUSE WAS 22B.PLACE OF INJURY(e.g., home, form, loctory, street, office	in or obout 22C. WHERE DID (II in BoltImore City, give exoct location) 53-00
UTING CAUSE OF DEATH. Street	Mace Ave. 10' S. of Franklin Ave.
22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(APPROX.) 4 12 69 7:32 mp WORK AT W	WHILE XX Pedestrian
23.	
	topsy and that on this basis, death in my opinion
resulted from: Natural cousesAccident XX Suicid	Homicide Undetermined manner
ACTUAL WALL TO MISS	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER XX
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Edward F. Wilson, M.D. 4A. BURIAL CREMATION, 24B. DATE 124C. NAME of CEMETERY (or CREMATORY 24D, LOCATION (City, town, or county) (Stote)
EMOVAL (Specify)	A la
REMOVAL 7469 MT. CALVA	
5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
JUN 3 1969 wient E. Janber, M.I	CONNELLY SONS 300 MACE
S 151-REV. 1/1/6B	0 5 6 7 9

The second of the second

USA PASEVALE GIORDANO Walterid Clare

THE THE PARTY COTEN BERGER HOUSE

REMONDE

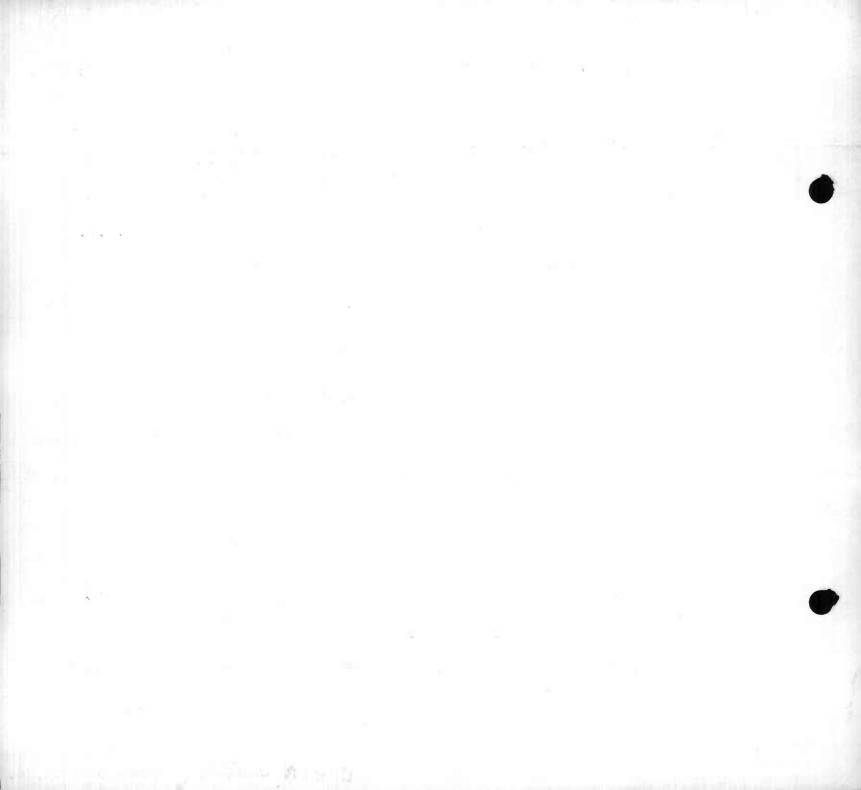
WING MT. CHILDREY GREEP SURE MEN

Conversely nows see sur-

FUNERAL DIRECTOR: IMPORTANT

1	1		HEALTH DEPARTMENT		69 5689
,	4-600 69 5	689 CERTIFICA	TE OF DEATH	REG. NO	00 0009
	TH NO.			D HOUR OF DEATH	
	de or Print)	Houer		1 2 19	7691 5:15 am
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD		e deceased lived. If in:	stitution: residence before admission)
EII	LL NAME OF (IF NOT IN HOSPITAL OR IN	STITLITION CIVE STREET	ms.		9-06
HC	SPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSII	DE CITY LIMITS?
	Union Wem	orial Hospi	Waltimor	e	YES NO
	1/1		E. STREET AND NUMBER	14 0	101.410
1	44		2726	Hart	arg 1601418,
5. 5	LIGATE V. Trees		B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KIN	WED DIVORCED DIVORCED			12 CITIZEN OF WHAT COUNTRY
	e during most of working life, even if retired)	,	11. BIKINFLACE (Store or toter	gn country)	12. CITIZEN OF WHAT COUNTRY?
		IANITOR	BALTIMOR	E, MD,	U. S. A.
3.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
		UER	Mary	HEALY	
S. Ye	Was Deceased Ever in U. S. Afmed Forces? s,no or unknown) (If yes, give wor or dotes of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT	/	900 EMET MELDK
	NO -	216-10-97821	ELIZABETH	D. SCHICK	BALTO. 21222. M
7	1B. 427.01	CAUSE OF DEATH	5 0		APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	*	real chop neumos	uo.	
	LEADING TO DEATH (This does not mean the mode of dying,	(A) IMMEDIATE CAU			
	heart failure, asthenia, etc. It means the dise		CONSEQUENCE OF:	- 0	
	ANTECEDENT CAUSES	Caron	ded Heart	Failure	
		(B) OP AS	A CONSEQUENCE OF:		
	rise to the above couse (A) stoting	villa	A CONSEQUENCE OF		
	UNDERLYING CONDITION Iosi.	(c)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	
z	II CONTRIBUTE	NO		× 0	
TIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI			17	***************************************
ICA	19A. DATE OF OPERATION 19B. CONDITION I	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE	INDINGS CONSIDERED
ERTIFIC	WAS PERFORMED			IN CERTIFYING CAL	JSES OF DEATH?
Ü	21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	or obout 21C. WHERE DID	(If In Baltimar	e City, give exact lacotion)
CAL	DEATH (notify medical examiner)	etc.)	neo siagi, into kii o coo ki		
EDIO	23 D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
٤	OF INJURY (APPROX.)	While At Work Work Not While At Work			
	22. I certify that (I) (this haspita) attend			1969 to Ju	ne 2 1969
	that (I) (we) last saw the deceased alive		6 9		nian death accurred an the date
		A		ar m(my) (dary apri	man death accorred an the date
	and haur and from the causes stated above	re. (I) (we) (did): (did not) v	lew the bady after death.		23B, DATE SIGNED
	33.3500	WD. AHe	nding Med.	Staff	0 10/0
	23C. PHYSICIAN'S	DEGREE Phys	23D. ADDRESS	Staff Phys.	June 2, 1707
	NAME (Type)			MODIAL HO	001741
-		DEGREE			SPITAL
241	REMOVAL (Specify)	C.NAME of CEMETERY OF CRE			ty, town, or county) (Stote)
				H. BLUD HDOR	SEY KD. MP.
25/	A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR) 10 901	S, CONKLING ST,
	JUN 3 1303 vigo	we colored with	ighteria)	THILLY BA	LTO, 21224, MD.
VS	150-REV. 1/1/6B				

VS 150-REV. 1/1/68



IMPORTANT

DIRECTOR:

FUNERAL

REG. NO.

USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission STATE

B. COUNTY D. INSIDE CITY LIMITS? YES Y NO

If Under 1 Yr. If Under 24 Hrs. Months: Doys Hadis Min.

12. CITIZEN OF WHAT COUNTRY?

Mary Knapman, 6 E. Hamilton Ave..

BETWEEN ONSET AND DEATH

(If in Baltimore City, give exact location)

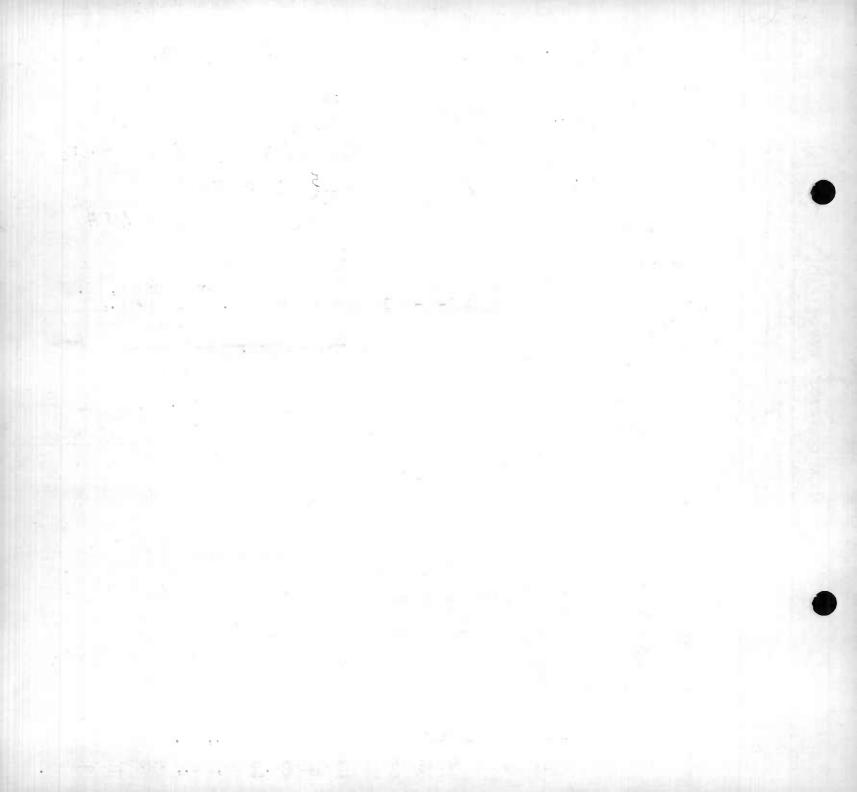
and that in (my) (ext) apinion death accurred an the date

BALTIMORE CITY HEALTH DEPARTMENT

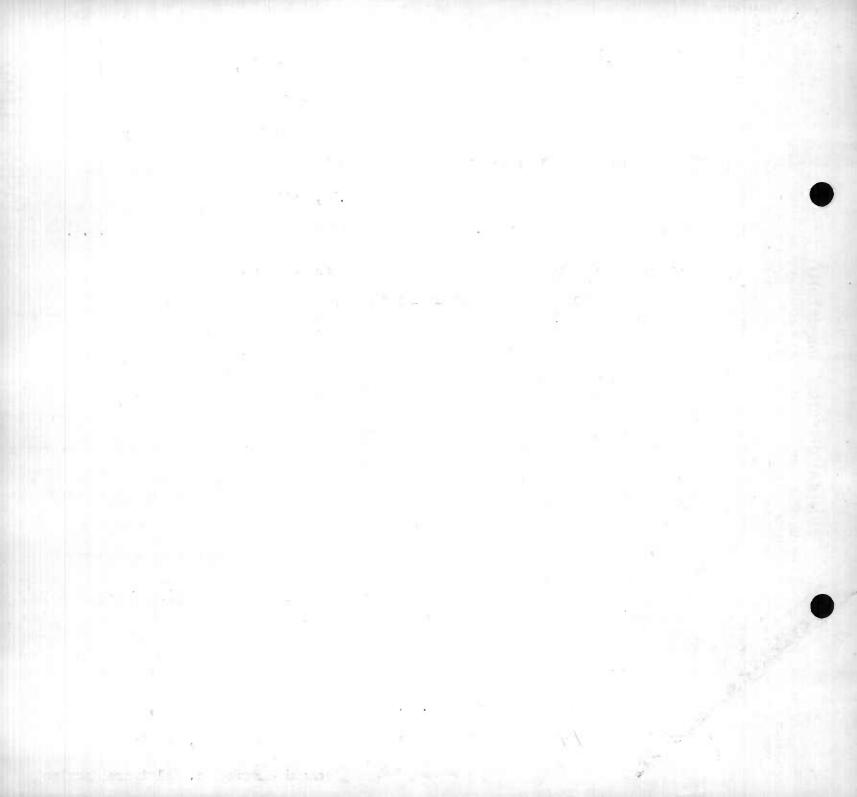
ADDRESS

violento E. Rechard J. Ruck, Inc., 5305 Harford Rd.

VS 150-REV. 1/1/68



	CE	500	BALTIMORE CITY	HEALTH DEPARTMENT		69 5692
BIRTH NO.	50	3 355	CERTIFICA	TE OF DEATH	REG. NO	00 0002
NAME OF DE					ND HOUR OF DEATH	
Type or Print)	Walter G D	911			30, 1969	
B. PLACE IN BA	LTIMORE MARYLAND, W		INCED DEAD	14. USUAL RESIDENCE (Wh	ere deceased lived. 11 is	nstitution: residence belore admissio
		TIERE TROTTO	DIVELD DEAD	A. STATE B. COU	NTY	C /
FULL NAME O	F (IF NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET	Maryland		7-06
NSTITUTION	ADDRESS OR LOC.	A IION)		C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
				Baltimore		YES NO
1111				E. STREET AND NUMBER		
TTU	nion Memorial	Hospita	1	1921 E 29th S	St.	
. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months! Doys Hours! Min.
Male	White	WIDOWED	DIVORCED	Nov.15, 1922	111	Months Doys Hours Min.
				11. BIRTHPLACE (State or for	eign countryl	12, CITIZEN OF WHAT COUNT
	l working lile, even if retired)	D-74-	04.1	56 7 7		
Policem		Balto.	. City	Maryland		U.S.A.
3. FATHER'S N	AME			14. MOTHER'S MAIDEN NA	ME	
Walto	r G Dell Sr			Grace J Abbo	++	
5. Was Decease	d Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT	700	ADDRESS
es, no or unknow	rnl (II yes, give wor or dote	es of service)	SECURITY NO.		D. 33	
Yes	WW 11		217-16-2281	Mrs Geneva P	Dell Sa	me
1B. //	101		CAUSE OF DEAT	H		APPROXIMATE INTERVAL
iise la l	OR CONDITIONS, if he above couse (A)			A CONSEQUENCE OF:		
ONDEREIN			(C)			
Z OTHER SIGN	IFICANT CONDITIONS CO	NITRIBITING				
TO THE DEA	ATH BUT NOT RELATED TO T	HE TERMINAL	***************************************			
	CONDITION GIVEN IN PAR OF OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes or N	ol 208, IF YES. WERE	FINDINGS CONSIDERED
	WAS PER				IN CERTIFYING CA	USES OF DEATH?
19A. DATE C	ENT WAS UNDERLYING	21 B.	PLACE OF INJURY (e.a., i	n or about 21C. WHERE DID	(If In Boltima	re City, give exact location)
, OR CONTRI	ENT WAS UNDERLYING DESCRIPTION CAUSE OF	hom etc.	e, form, foctory, street, o	ffice bldg., INJURY OCCUR?	, 22	- II gove small locality
U						
21D. TIME	(Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROXI		Whi	ile At Not While			1
22. I certif	y that (1) (this hospita) ottended +	he deceased from	10 Fune	1861 to 31	Harry 1061
	a) last saw the decease		30 100	1069	has to (my) (and	Inlan dans account
				. /		Inian death accurred on the d
		ted obove. (I) (We) (did) (did (hot)	lew the body ofter deoth.		
23A. SIGNAT	1		A 44	andian Are und	S	23B, DATE SIGNED
1/1	more	ill	DEGREE Phy	onding Med. Director	Phys.	6/2/69
23C. PHYSICI	AN'S (Type)		DEGREE	23D/ADDRESS		
IAWIAIE	Anderson 1	M Ranial	Jn M n	1101 St David C	+ Pol+:	a Marmal and
	EMATION, 248. DATE		Me of CEMETERY of CR	1101 St Paul S		ety, town, or county) (State)
REMOVAL	(Specilyl					
Burial	6/3/69		ke View Memor		ltimore, Mar	
5A. DATE REC'	D BY HEALTH DEPT.	1 0 -	OF REGISTRAR	25C. FUNERAL DIRECTO	R	ADDRESS
	JUN 3 1969	J'abert	E. Harber M.D.	STe mand J.R	uck Inc. Ba	ltimore Maryland



IMPORTAN

DIRECTOR:

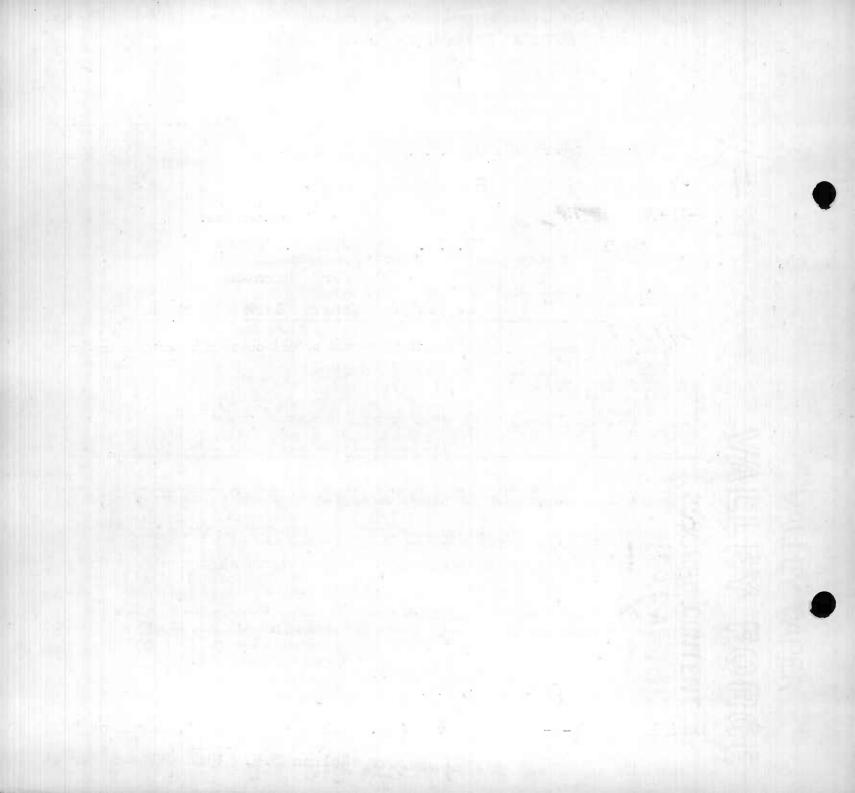
FUNERAL

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

The second section is a few to the second se AT IN THE STATE s/sr How I have

MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO.				
1. NAME OF DECEASED	2. DATE Known & Manth Day	Year Haur			
(Type or Print) RUTH BOOZE	OF COLUMN				
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	69 6:10 p.M.			
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD	1060			
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived, if institution:	1969 6:10 p.m.			
	A. STATE B. COUNTY	2 C //			
Franklin Square Hospital D.O.A.	Maryland	18-41			
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	/ LIMITS?			
Female Colored WIDOWED DIVORCED	Balto. YES	NO 🗆			
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.	E. STREET AND NUMBER				
8-13-94 (ast birthday) Months Days Hours Min.	4314 Belleview Ave.				
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME				
Maryland WHAT GOUNTRY?	John E. Aulton				
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY					
done during mastaf warking life, even ifretired)	Mary Thornton				
WAS DECEMEND EVEN IN LIC ADMED CODESCO. ILV. COCIAL		DRESS			
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war ar dotes of service) 17. SOCIAL SECURITY NO.		JKE33			
no 213320550	Geneva Clark same				
19. 412 21 CAUSE OF DEA	тн	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR CONDITION DIRECTLY Hypertens	ive and arteriosclerotic cardi				
LEADING TO DEATH					
(This does not mean the made of dying, e.g., DUE IO. OR	AS A CONSEQUENCE OF:	disease			
heart failure, osthenia, etc. It means the disease, injury ar complication which caused death.)					
ANTECEDENT CAUSES (B)					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:				
UNDERLYING CONDITION LAST.					
Ő					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED	21. AUTOPSY? (Yes ar Na)			
O A	AS TERTORINES				
		No			
22A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB- UTING ☐ CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., home, farm, factory, street, office uting ☐ CAUSE OF DEATH.	in ar about 22C. WHERE DID (If in Baltimare City, give exact te bldg., etc.) INJURY OCCUR?	location)			
UTING CAUSE OF DEATH.					
Intile (Manny (50)) (100) [222] Miles	22F. HOW DID INJURY OCCUR?				
OF INJURY (APPROX.) WHILE AT NOT WHILE AT WORK AT WORK					
23.	TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER				
1 certify that I held on Inquiry Inspection XX Au	and that on this bosis, deoth in my o	pinlon			
TANK C C C					
ACTUAL TOTAL ACTUAL TYPICAL EXAMINER DATE SIGNED					
SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DA					
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	1-1			
NAME (Type) Edward F. Wilson, M.D.		5/2/69			
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town,	ar county) (State)			
Burial 6-5-69 Carter Men	n. Park Laurel, Mar	ryland			
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR V. Bailey ADDRESS					
1000 200 Enjage M.D. Kelson F.H. 1348 Calhoun Street					



deceased prior to written approval shows: MOS

IMPORTANT

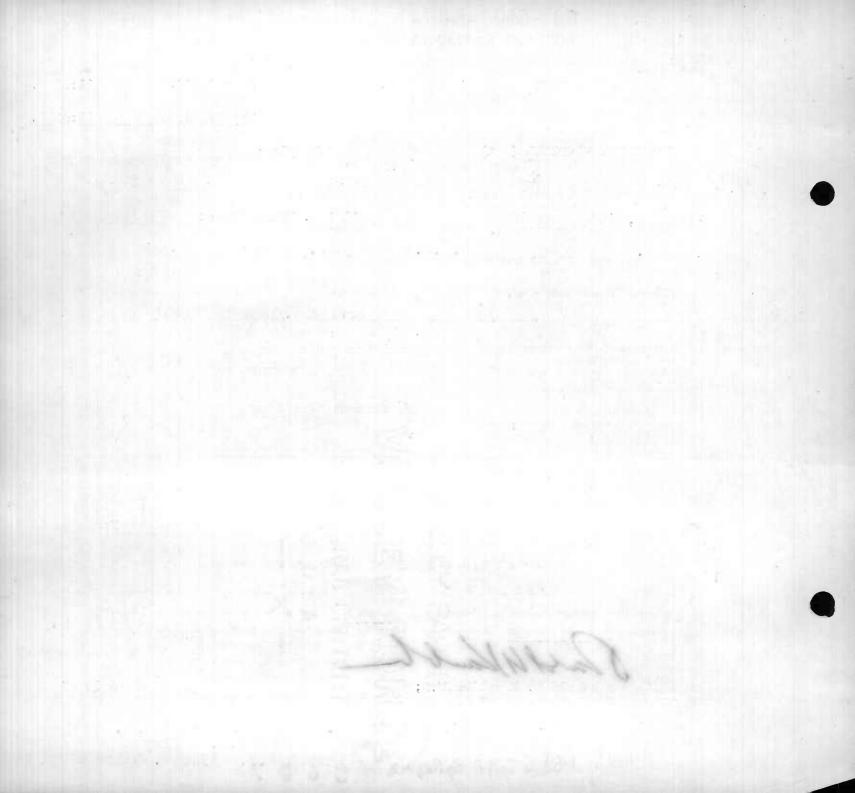
DIRECTOR:

FUNERAL

Burial Mt. Auburn Cem. 6-5-69 Balto. Md. 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR V R. ADDRESS Palet E. Starley M.D. KeleonaF.A. 1348 Calhoun St. VS 150-REV. 1/1/68



	MEDICAL EXAMINER'S (CERTIFICATE OF DEATH REG. NO.	
	NAME OF DECEASED	2. DATE Known Month Doy Y	eor Hour
	vpe ar Print)	OF .	
	ROBERT MALONE	DEATH Estimated May 29,1969	11:55 P.
- 11	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		ear Haur
	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD May 29, 1969	11:55 P.
	RINSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: resid	
	700000000000000000000000000000000000000	A. STATE B. COUNTY	16-03
L	PROVIDENT HOSPITAL (DOA)	Maryland	10-00
6	SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIN	ITS?
71	Male Negro WIDOWED ☐ DIVORCED ☐	Baltimore YESX	NO 🗆
9	DATE OF BIRTH 10. AGE (In years If Under 1 Yr, If Under 24 Hrs.		140
	lost birthdoy) Months, Doys, Hours, Min.		
	July 9, 1958 15	1101 N. Mount Street	
1	I. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	a46-0.
	WHAT COUNTRY?	Robt. Malone	
1	IA. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR'	115 MOTHER'S MAIDEN NAME	
d	ane during mast of working life, even if retired)		
		Bertha Thacker	
10	WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRES	is
1	es, na ar unknawn) (If yes, give war ar dates of service) SECURITY NO.	Bertha Malone 1101 Mo	unt St
-	119. CAUSE OF DEA		APPROXIMATE INTERVAL
	19. 30 + 11 CAUSE OF DEA	in .	BETWEEN ONSET AND DEAT
	DISEASE OR CONDITION DIRECTLY Bronch	nopneumonia	
1	LEADING TO DEATH		
	(This does not mean the made of dying, e.g.,	AS A CONSEQUENCE OF:	
	heort foilure, osthenio, etc. It means the disease,	AO A CONSEQUENCE OF .	
	injury or camplication which caused death.)		
	ANTECEDENT CAUSES (B) Intra	venous Narcotism	
		AS A CONSEQUENCE OF:	
	RISE TO THE ABOVE CAUSE (A) STATING THE		
1	UNDERLYING CONDITION LAST. (C)		
1			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	AS DEDECORMED	AUTOPSY? (Yes or No)
1	The Date of Orekanora 200 Conditiona Fox which of Examon w	ZI. I	10.01311 (10001110)
1			Yes
		in or obout 22C. WHERE DID (If in Baltimore City, give exoct loco	
		e bldg., etc.) INJURY OCCUR?	
1		22F. HOW DID INJURY OCCUR?	
1	OF INJURY		
		WHILE VORK	
	23.		
	I certify that I held an Inquiry Inspection Au	tapsy 🛭 and that on this basis, death in my apini	an
	resulted from: Natural causes X Accident Suiçio		
	resulted from: Natural causes XI Accident I Suicio		
	1 . 11.11	CHIEF MEDICAL EXAMINER	DATE SIGNED
	ACTUAL SIGNATURE A SIGNATURE OF THE SIGN	ASSISTANT MEDICAL EXAMINER	27112 0101120
	SIGNATURE MILE MILE	ASSOCIATE MEDICAL EXAMINER	
	Ronald N. Kornblum, M.D.	AJSOCIATE MEDICAL EXAMINER LL	5/30/69
-	14A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, tawn, ar c	
	PEMOVAL (Specify)	ar CREMATORY 24D. LOCATION (City, tawn, ar c	domy) (State)
1	Burial 6-4-69 Mt. "ubur	n Cem. Baltimore, Md	
1	15A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR		SS
1	JA. DATE REG D DI HEALIN DEFT. 238. NAME OF REGISTRAK	25C. FUNERAL DIRECTORY . R. Baile DDRE	
	JUN 3 1969 Res & F Ja Roy sen	Kelson F.H. 1348 N. Ca	lhoun St.
L		0 17 6 8 7	
V	S 151-REV. 1/1/6B		



Such

death.

and

hospital

		69	5697	BALTIMORE CIT	Y HEALTH DEPAI	RTMENT				
BI	RTH NO.	03	1000	CERTIFICA	ATE OF DE	ATH	REG. NO.	69	504)	
1.	NAME OF DECEA	SED				2. DATE AN	D HOUR OF DEA	ATH	0007	
(1)	(pe or Print)	ė =		Levi Harris		6	-1-69		2:45	PM
3.	PLACE IN BALTIA	MORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	4. USUAL RESID	B. COUN	e deceosed lived.	If institution:	residence before o	dmission)
FL	JLL NAME OF	(IF NOT IN HOSPIT	AL OF INSTITU	ITION CIVE STREET	Maryla		**		15-01	
H	OSPITAL OR			JTION, GIVE STREET	C. CITY OR TOW		Ip.	INSIDE CITY		
L		Provident			Baltim	ore		YES X	_	
	39	1514 Divis			E. STREET AND	NUMBER		t a		
	0 /	Baltimore,	Maryla	and 21217	1355 W	hatcoa	t Street			
5.		RACE	7- MARRIED	NEVER MARRIED X	8. DATE OF BIRT		9. AGE (In yeors lost birthdoy)	If Und	er 1 Yr. If Unde	r 24 Hrs.
	Male	Negro	WIDOWED		7-20-40		28	JAKOIII II	Doys Hours	IVIIIIa
10/	A. USUAL OCCUP	ATION (Give kind of work king life, even if retired)	108, KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	(Stote or forei	gn country)	12. CI1	ZEN OF WHAT	OUNTRY
00.	ne duting most of wo	king the, even it restrect			Baltin	ore, M	laryland		U.S.A.	
13.	FATHER'S NAME			· · · · · · · · · · · · · · · · · · ·	14. MOTHER'S A	AAIDEN NAA	AE			
		Wallace Ha	rris		Vi:	rginia	Pinkir	d		
15. (Ye	Wos Deceased Ex	er in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	Manz	MaCanco	1270	Matteoat	t St
		7007 810 1141 01 4010	0 00 00111007	SECORITI NO.	Mrs. Bar	bara M	McCargo Matthews-	Sister	Same	9
-	18. / O /	9.11242	CI	CAUSE OF DEA	_l TH	_			APPROXIMATE IN	TERVAL
1	DISEASE	OR CONDITION DIE	ÉCTLY			1 0			BETWEEN ONSET AT	
	Chis does not meen the mode of dying, e.g., heort foilure, asthenia, etc. It means the disease,									
	injury at complication which caused death.)									
	AN	TECEDENT CAUSES		(p)					1	
1	DISEASES OR	CONDITIONS, if	ny, giving	DUE TO, OR A	S A CONSEQUENCE	OF:	******************	*************		
		above cause (A)	sloting the							
		11		(c)	***************************************			***************************************		
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Alcoholesm Alcoholesm									
₽ĕ	TO THE DEATH I	BUT NOT RELATED TO THE	IE TERMINAL	Ace	ono cern	u				
CERTIFICATIO		PERATION 198. CON	DITION FOR V	HICH OPERATION	20A. AUTOPSY	? (Yes or No)	208, IP YES, WE	RE FINDING	CONSIDERED	
E	0				No		IN CERTIFING	CAUSES OF	DEATH?	
OR CONTRIBUTION OF CITY, GIVE EXOCT LOCOTION										
Z Z	DEATH (notify m	edicol exomined	etc.)							
000	21 D. TIME (A	Aonth) (Doy) (Year)	(Houd 21E	INJURY OCCURRED	21 F. HO	W DID INJU	JRY OCCUR?			
ξ	(APPROX.)		Whil	e Al Nol Whi						
22. I certify that (1) (this haspital) attended the deceased from May 31. 19 69 to June 1, 19 69										
ľ										
	and have and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED									
1		(W)		AH	ending Me	d. [7]	Staff DCI	23K, DA	= 2-69	
	23C PHYSICIANS	JYK		M . Deenee Phy	/s. Ll Dir	ector L i	Staff Phys.		/	
	23C. PHYSICIAN'S NAME (Type		۸ ۲۶۱ -	- n	23D. ADDRESS					
1	1		A. Kh	all.	1574 n.		n Ctmoot	Bolt +	O Marri	hanl

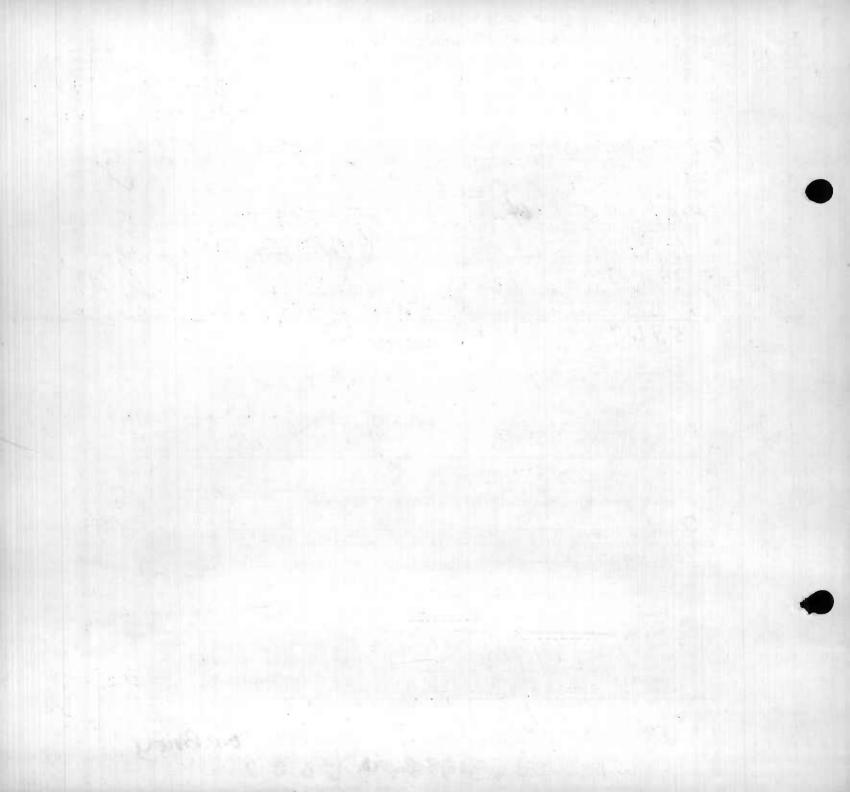
ATE SIGNED Balto., Maryland 1914 Division Street M . DEGREE 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) Burial 6-5-25A. DATE REC'D BY HEALTH DEPT. Balto. Nd. Auburn 25C. FUNERAL DIRECTOR V ADDRESS ε. Robert . 348 Calhoun St. VS 150-REV. 1/1/68



69 5698 BALTIMORE CITY HEALTH DEPARTMENT

	DICAL		CERTIFICATE C	F DEATH
--	-------	--	---------------	---------

MEDICAL EXAMINER'S (CERTIFICATE OF DEATH REG. NO. 9 5698
NAME OF DECEASED	2. DATE Known Month Doy Yeor Hour
NAME OF DECEASED (ype or Print) CHARLES VODERY	OF DEATH Estimated May 23, 1969 10:00 A.M.
. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL ADDRESS OR LOCATION) RINSTITUTION	PRONOUNCED DEAD May 23, 1969 10:00 A _M
1424 Argyle Avenue	5. USUAL RESIDENCE (Where deceosed lived. If this titution: residence before admission) A. STATE Maryland B. COUNTY
SEX 7. RACE 8. MARRIED ALEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male 7. RACE 8. MARRIED NEVER MARRIED	Baltimore YES NO
DATE OF BIRTH 10.AGE (In years ; If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER
RPR1/201965 lost birthdoy) 64 Months, Doys, Hours, Min.	1424 Argyle Avenue
1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
13RLTO PIC WHAT COUNTRY?	CHARIES VOUERY
4A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY one during most of working title, even if retired)	115. MOTHER'S MAIDEN NAME
CATER TOOK	KULU (5 HAUGH /AA)
6. WAS DECEASED EVER IN-U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(es, no or ynknown) (If yes, give wor or dotes of service)	W MILLER BALLIES
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	is of Liver
LEADING TO DEATH	CAUSE
(This does not meon the mode of dying, e.g., heort foilure, osthenio, etc. It meons the disease, injury or complication which caused death.)	AS A CONSEQUENCE OF:
ANTECEDENT CAUSES (B)	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST. (C)	
2	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	**************************************
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED 21. AUTOPSY? (Yes or No)
	no
	in or about 22C. WHERE DID (If in Boltimore City, give exact location)
UNDERLYING OR CONTRIB. home, form, foctory, street, office UTING CAUSE OF DEATH.	e bldg., etc.) INJURY OCCUR?
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E. INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(APPROX.) WHILE AT WORK AT W	WHILE OORK
23.	
I certify that I held an Inquiry Inspection X Au	
resulted fram: Natural causes Accident Suicident	de Hamicide Undetermined manner
1 121/11	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE MULTINATURE M.D.	ASSISTANT MEDICAL EXAMINER
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 5/23/69
NAME (Type) Ronald N. Kornblum, M.D.	
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, town, or county) (Style)
DUPIAL 6/1/69 /1/ AUSU	PNDISMETERS INESTYDEL MO
SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR OF PAIR ADDRESS
16 0 1000 00 00 7 0	LESSON SUNERAL AVEST FORT
S 151-REV. 1/1/68	1/3 400 / A holly.



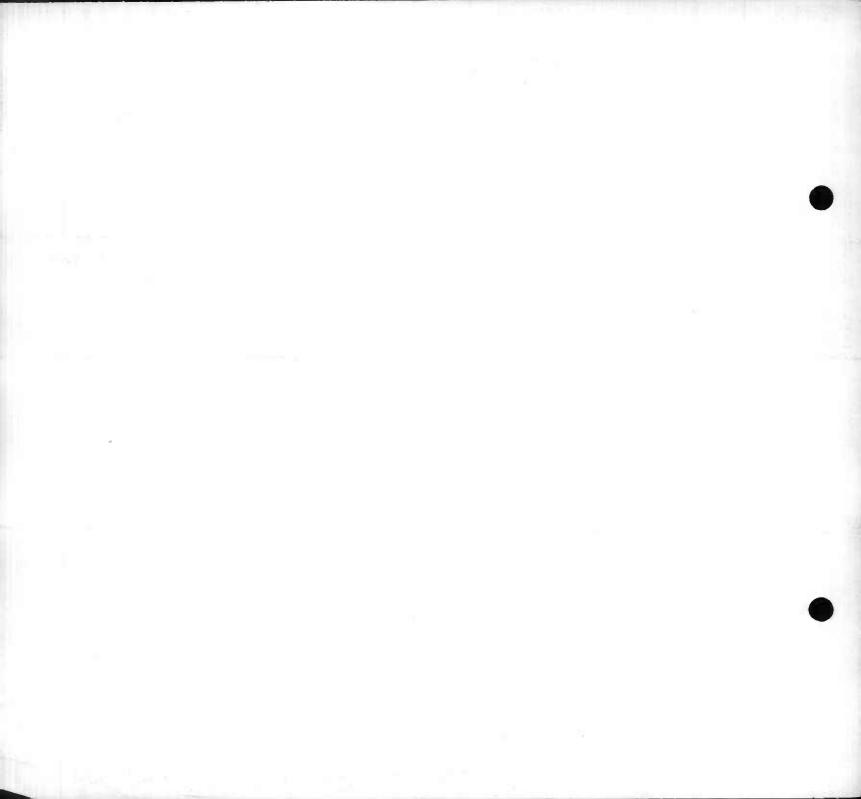
BIRTH NO. 1. NAME OF DECEASED (Type or Print) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET BOOK OF THE PRONOUNCE OF THE PRONOUNC	7-02 IMITS?
1. NAME OF DECEASED (Type or Print) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION BY SO OF THE AND HOUR OF DEATH A. STATE B. COUNTY C. CITY OR TOWN D. INSIDE CITY L. YES DEATH OF THE AND HOUR OF DEATH OF THE AND HOUR OF DEATH C. CITY OR TOWN D. INSIDE CITY L. YES DEATH OF THE AND HOUR OF DEATH OF THE AND HOUR	7-02 LIMITS?
Type or Printle Company of Death 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION BY SO THE AND HOUR OF DEATH 2. DATE AND HOUR OF DEATH 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION C. CITY OR TOWN D. INSIDE CITY LETTERS TO THE PROPERTY OF THE PROPERTY O	7-02 LIMITS?
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: Inst	7-02 LIMITS?
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET INSTITUTION D. INSIDE CITY LETTON OF THE PROPERTY OF THE PROPERT	7-02 IMITS?
C. CITY OR TOWN D. INSTITUTION D. INSIDE CITY LETTERS YES TO THE PROPERTY OF THE PROPERTY O	NO [
D. INSIDE CITY LE YES DE LA	NO [
E SIL YES N	
	or 1 Yr. It Under 24 Hrs. Min.
E. STREET AND NUMBER 505 BELINARA AVE	P 1 Yr. It Under 24 Hrs. Min.
LOOD TO COMPANY AVE	Doys Hours Min.
Markied Never Markied Never Markied Never Markied Market	
WIDOWED W DIVORCED 3/31/6 53	
	ZEN OF WHAT COUNTRY?
HOUSENIFE HOME MARYLAND	U.S.A.
13. FATHER'S NAME	
done during most of working life, even if retired 1 Home Mary Rober E, KEEN done during most of working life, even if retired 1 Home Mary Rober E, KEEN	
NO Z ED DE SO IS. Wes Decessed Ever is U. S. Armed Foices? 16. SOCIAL 17. INFORMANT	ADDRESS
TO The state of th	ADDRESS
SECURITY NO. MAN May E. Faber - 505 N. Bel	nord owe.
	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	SETTLE CHISET AND GEATH
(A) IMMEDIATE CAUSE HEART FAILURE	<24 hrs
heart tailure, asthenia, etc. It means the disease.	
M O FEBRUARY	
ANTECEDENT CASES	> 5 yes
Note to the total	
UNDERLYING CONDITION iast. (c)	
D Q . J B B B B B B B B B B B B B B B B B B	
O T S X S I O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	A
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING FOR TO THE DEATH BUT NOT RELATED TO THE TERMINAL FOR PLANT OF PLANT	7 monts.
TO THE DEATH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 10 THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 THE TERMINAL DISEASE OR CONDITION OF WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF 1 YES. 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID OR CONTRIBUTING CAUSE OF 1 TO CONTRIBUTION CAUSE OF 1 TO CONTRIBUTING C	CONSIDERED
YES IN CERTIFYING CAUSES OF I	DEATH
218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?	re exoct location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg. INJURY OCCUR? TO DEATH (notify medical examined) TO STATE (Marth (Day 1988) Home, form, foctory, street, office bldg. INJURY OCCUR? TO STATE (Marth (Day 1988) TO STATE (Marth (Day 1988)) TO STATE (Marth (Day 1988))	
215. HOW DID INJURY OCCURED 21F. HOW DID INJURY OCCURE	- 62
While At Work At Work TRANSPERING FORM W. Cha	21/22/22/23/23/23/23
10 PROX.) May 1 69, Wask At Work TRANSPERING From W. Cha	HIR TO COMMODE
	NE 19 69
that (i) (we) last saw the deceased alive on 19 62, and that in (my) (our) apinion deat and haur and fram the causes stated above. (i) (We) (did) (did not) view the body after death.	th accurred on the date
and hour and from the causes stated above. (i) (We) (did) (did not) view the body after death.	
7 1000 E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	E SIGNED
	June 69.
23C. PHYSICIAM'S 23D. ADDRESS	
THOMAS A. OTTER DEGREE TOWNS HOP KINS HOS	SOUTH
24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or	or county) (State)
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, of Company) 24D. LOCATION (City, town, o	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 125C. FUNERAL DIRECTOR	ADDRESS
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR 25C. FUNERA	Leisne II -
VS 150-REV, 1/1/68	- NO -

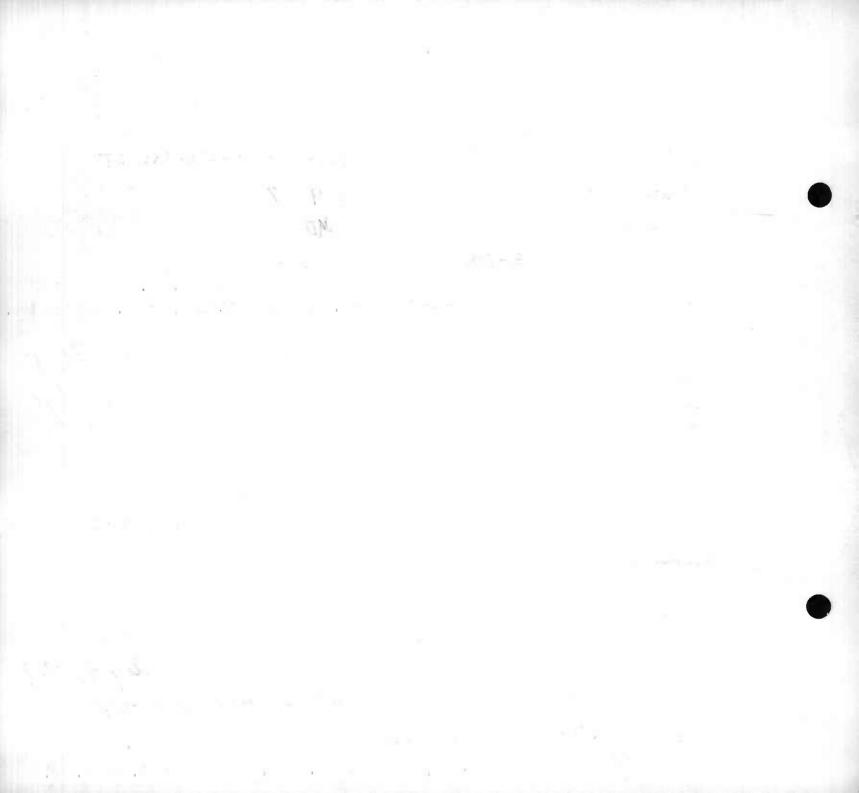


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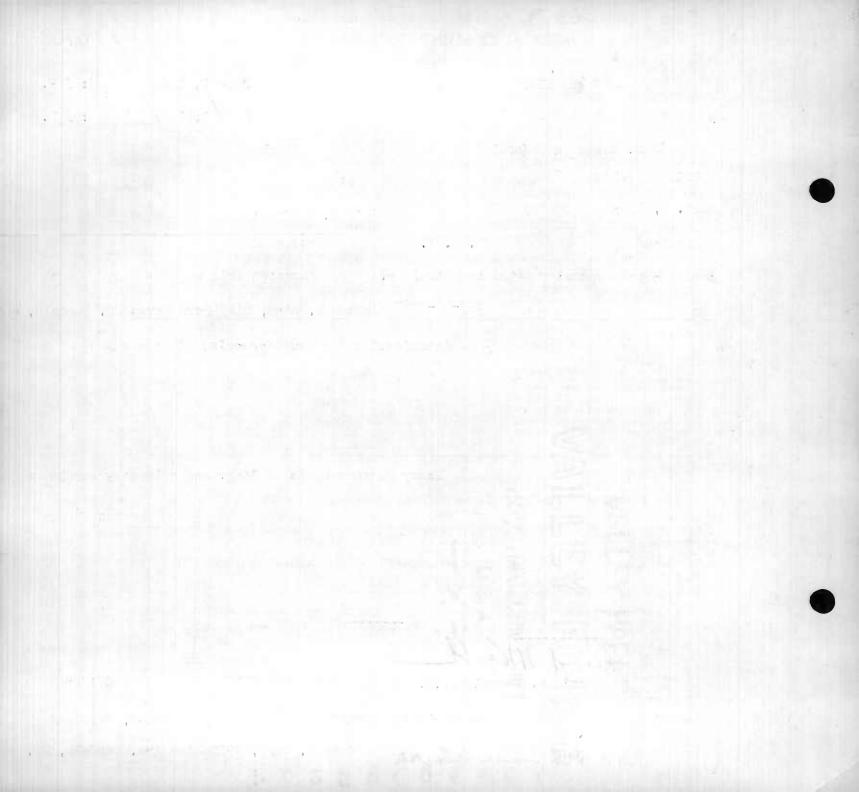
DIRECTOR:

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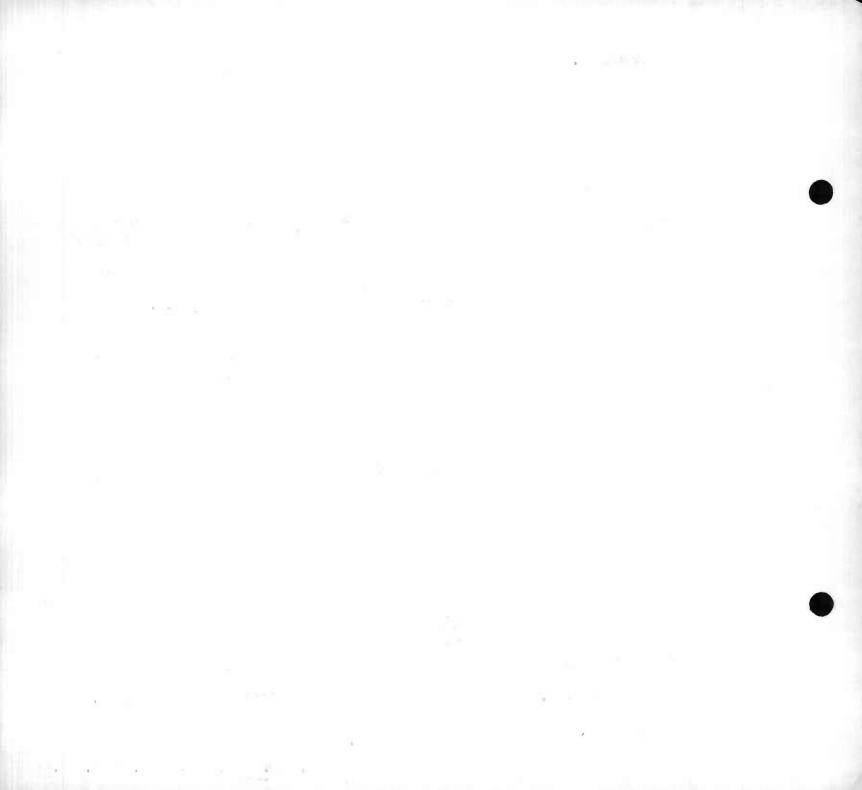
			69	21	BALTIMORE CITY HE	ALTH DEPA	RTMENT			00	-	
			MED	ICAL	L EXAMINER'S	CERTIF	ICATE OF	DEAT	TH DEG NO	69	57	'03
BIR	TH NO.								KEO, 110.			
1. I	AME OF DE	CEASED	T.			2. DATE	Known 🗌	Month	Doy	Yeor	Hour	
(1Ab	e or rinny	JOS	SEPH RI	CE		OF DEATH	Estimoted	June	1, 1969		6:05	P. M.
4. F	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD							Month	Doy	Yeor		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET						PRONC	DUNCED DEAD	Tumo	1, 1969		6.05	D
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION						5 HISHAI	RESIDENCE (Whe			n: sesidens		P. M.
1	10					A. STATE	KESIDEITCE (Mile	i e dece osed	B. COUNTY	i. residend	- Delote out	7
		S. Rob		(DO			Maryla	and		/	-01	
6. 5		7. RACE		8. MARI	RIED NEVER MARRIED	C. CITY O	RTOWN		D. INSIDE C	ITY LIMITS	?	
	Male	Whit	.e	WIDOV	WED DIVORCED	Ba1	timore		V	ES 🐴	NO 🗆	
9. [ATE OF BIRT	'H	10.AGE (In	Vecre	If Under 1 Yr. If Under 24 Hrs.		AND NUMBER					
0	ct. 8.	1905	lost birthdoy	63	Months Days Hours Min.	10	5 D 1 4					
	BIRTHPL ACE (In CITIZEN OF		S. Robinso	on				
			ign country)		12. CITIZEN OF WHAT SOUNTRY?	13. FATHE	R'S NAME					
	Marylar						George I					
I4A.	USUAL OCCL	JPATION (GI	ve kind of work	4B. KINI	D OF BUSINESS OR INDUSTR	Y 15. MOTH	ER'S MAIDEN NA	ME				
Re	tired-C	rane 0	perator	Bet	hlehem Steel Co		Margare	et Trig	gger			
16.	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCE	S? 17. SOCIAL	18. INFOR	MANT (Son)		A	DDRESS		
(Yes	, no or unknowr	(If yes, give	wor or dotes	of service	e) 213-67-3582				D-mls II	D	3 D	3.71-
	0						n M. Rice,	OTTO	Park hav		APPROXIMATE	
	19. 4 18	R. 24 I			CAUSE OF DEA	TH					TWEEN ONSET	
	DISEAS	E OR CON	DITION DIREC	CTLY	Arterios	clerot	ic cardio	vascula	ar disea	se		
ш		LEADING T				(A)IMMEDIATE CAUSE						
ш	(This does i	not mean the	e mode of dyi	ing, e.g.,	DUE TO, OR	AS A CONSE	QUENCE OF:				dereferedor de derektorente en der dit sprage en	may an appear of the street of the street
	injury or co	mplication wh	tc. It meons the nich coused deo	th.)								
							24					
Н		NTECEDEN			(B)	15 1 60116						
	DISEASES RISE TO TH	E ABOVE CA	IONS, IF ANY, AUSE (A) STAT	, GIVING		AS A CONS	EQUENCE OF:					
7		NG CONDI			(C)							
Ó.					\ \ /==================================							
CERTIFICATION	OTHER SIGN	VIFICANT CO	NDITIONS CC	NTRIBU	ITING Fatter	. +	nhasis of	1 4	and mult			
일	TO THE DE	ATH BUT NO	T RELATED TO	THE TERM	AINAL FALLY III	etamor	phosis of	liver	and pul	monar	y empi	lysema
			N GIVEN IN PA	2.1	FOR WHICH OPERATION W	AC DEDECOR	AAED			21 A11	OPSY? (Ye	s or No
問	ZOA. DAIL O	POPERATIO	14 20b. CON	DITION	FOR WHICH OFERALION W	AS PERFOR	MED					. 01 1107
	and the same of th										es	
S		NAL CAUSE			22B. PLACE OF INJURY (e.g., home, form, foctory, street, office	in or obout	22C. WHERE DID	(If in Boltim	ore City, give ex	oct locotion)	
EDI	UNDERLYING CA				nome, form, foctory, street, office	e bidg., etc.)	INJURY OCCUR!					
Σ	22D. TIME		(Doy) (Yeor) (Hou	22E.INJURY OCCURRED		22F. HOW DID II	VJURY OCC	UR?			
	OF INJURY					WHILE						
	(APPROX.)				m. WORK ATV	vork 🔲						
									1 1			
	I cer	tify that I	held on Ir	nquiry	Inspection A			this basis	, death in my	apinian		
	resul	ted fram:	Natural caus	ses 😾	Accident Suici	de 📗 h	lamicide 🔲	Undeterm	ined manner			
		7	7	0.1	/ 01		CHIEF MEDICAL	EXAMINER				
	ACTUAL	1	1. 0.0	1/1	/ will	AS	SISTANT MEDICAL	FXAMINER	Xx		DATE SI	GNED
	SIGNAT		my	PLI	M.I).						
	EXAMIN	K	onald N	I. Ko	rnblum, M.D.	ASS	OCIATE MEDICAL	EXAMINER			6/1/69	
24	NAME (Type/	24B. DATE		24C. NAME of CEMETERY	OF CREAMAI	OPV Isan	LOCATIO	N (City tow	n, or coun		State)
	MOVAL (Spec		6/5/69					LOCATIO				
	Burial		0/3/09	-	Meadowridge M	emoria.	L Park		Dor	sey,	Maryla	nd
25/	. DATE REC'E	BY HEALTH	DEPT.	25B. N	NAME OF REGISTRAR	25C	FUNERAL DIREC	TOR	1	ADDRESS		
		JUN 3		-	BE. Faber M.D.		nn J. Duda		2 Wise A	ve. D	undalk	. Md.
		JUN 9	1969	your	is a lawer M.D.							•



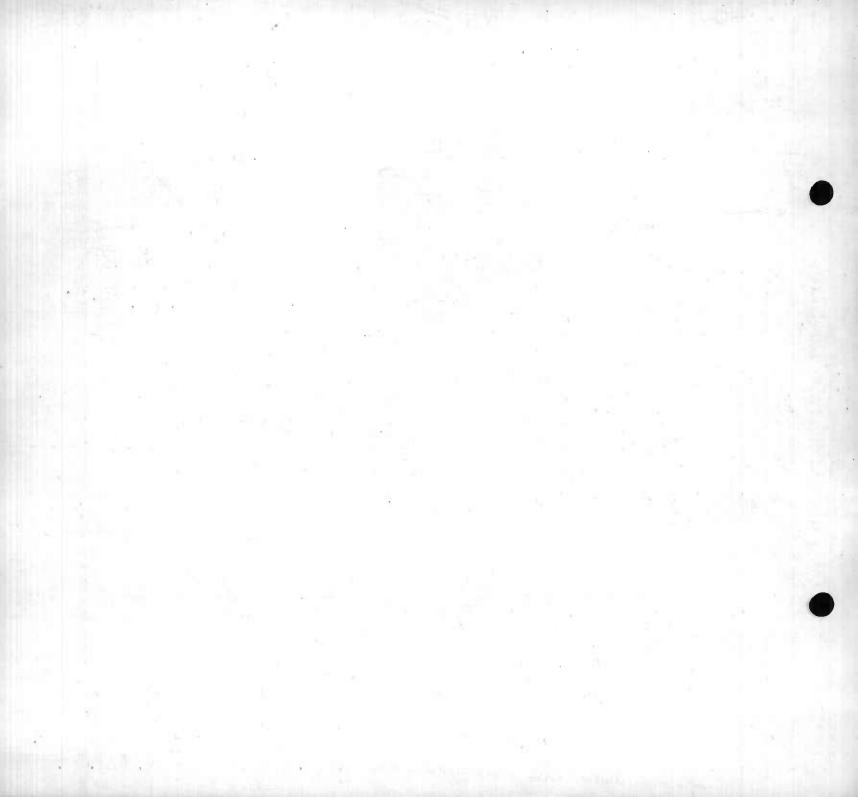
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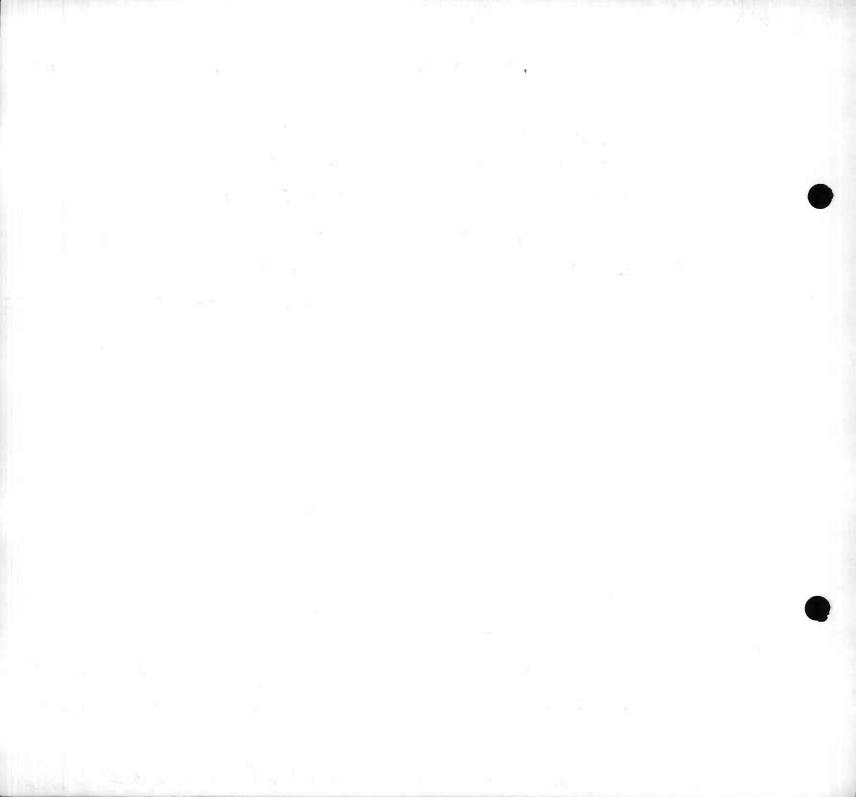
				BALTIMORE CITY	HEALTH DEPARTMENT	11	00	EMOF
		69	570	5 CERTIFICA	TE OF DEATH	REG. NO	63	3705
	RTH NO. NAME OF DECEA	CED. A	30 TF: 1			AND HOUR OF DEATH		
	pe or Print)	AGNES	M. Kirl			29 - 69		8: 10 pers. M.
3.	PLACE IN BALTIA	ORE MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (WA. STATE B. CO	here deceased lived. If	institution: resider	
H	JLL NAME OF OSPITAL OR STITUTION	(IF NOT IN HOSPIT	AL OR INSTITUTION)	ITION, GIVE STREET		HTIMORE	SIDE CITY LIMITS	3-00
	SOUTH	Pallin	ne Gr	Eu. Hospital	BALTIMONE		YES	NO 🔼
1		Baltimore C		//	E. STREET AND NUMBER	seamen a	ul. 🚘	
5.	SEX 6.	RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9, AGE (In years	If Under 1 Y Months Doy	r. , If Under 24 Hrs.
	Female	White	WIDOWED	_	5-25-25	lost birthdoy)	Months	s Hours Min.
	A. USUAL OCCUP.		108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)		DE WHAT COUNTRY?
do	Housewi	rking lite, even if retired) fe			Baltimer	e, Md.	21.5	· A
13.	FATHER'S NAME		0		14. MOTHER'S MAIDEN N	IAME	73	
		Jarepu X			Margaret	many	mastu	
15. (Ye	Was Deceased K es, no ar unknown (I	ver in U. S. Armed For f yes, give war ar date	ces? s of service)	16. Social Security NO. Yes 220-12-7579	Arthur H. Kin	0010	Bessemer	Ave.
	18. 1 7 /	VI		CAUSE OF DEATH	1,	/	/ APF	ROXIMATE INTERVAL
	DISEASE	OR CONDITION DI	RECTLY	Hetata	là 10	1. /	BETWE	EN ONSET AND DEATH
		ADING TO DEATH		(A) IMMEDIATE CAU	SE Cancer	-ives, lan	esces 2	months
		meon the made af thenia, etc. It means		DUE TO, OR AS	A CONSEQUENCE OF:			·····
		icalian which coused		17	1	1 010 11	7 1	2001
1	AN	ITECEDENT CAUSES		(a) Caule	1 lerces/	- RIGH	1 01	urijes,
		CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF:			
		above couse (A)	slaling The	(c) Mass	ive Asa	les, Ruen	ia. L	-months.
		- 11		H	2			-
NOL	TO THE DEATH	ANT CONDITIONS CO	HE TERMINAL	# 78	OLENSIO	N		
V		PERATION 198. CON		VHICH OPERATION	20 A. AUTOPSY? (Yes or	No) 20B. IF YES, WERE	FINDINGS CON	ISIDERED
	09-21-	WAS PERI		ight breest	Yes	IN CERTIFYING C	AUSES OF DEAT	H?
CER	21 A. ACCIDENT	WAS UNDERLYING	21 BA	PLACE OF INJURY (e.g., in	n or obout 21C. WHERE DID	(If In Boltime	ore City, give exo	ct locotion)
CAL	OR CONTRIBUTE	NG CAUSE OF edicol exominer	hom etc.)		fice bldg., INJURY OCCUR?			
EDI	OF INTITION	Month) (Doy) (Year)		INJURY OCCURRED	21 F. HOW DID	NJURY OCCUR?		
2	(APPROX.)		Whi	le At Not While				72 1736
	22. I certify th	at (1) (this hospitol			4-9-	1969 to 5	-29	19 69
		st saw the decease		1-01	19 69 and	that in(my) (aur) of	inion deoth oc	
	ond hour ond f	rom the couses stot	ed above. (I) (We) (did) (did not) v	iew the body after deat	h		
	23A. SIGNATURE	The o	11	10			238, DATE SIC	30 - 69
		Millel	G. Un	After Phys	nding Med. Director	Staff Phys.	3-	10 - 09.
	NAME (Type	ABDUL	G. Qu	RESIT,	30015. 11A	NOVER ST.	BALTII	MORC-
24.		ATION, 248. DATE	24C. N.A	ME of CEMETERY OF CRE	MATORY 24D	LOCATION	City, town, or cou	unty) (Stote)
	Burial	10000 - 0	1969 B	el Air Memori	al Gardens B	elair (Harfor	d County) Md.
25	A. DATE REC'D BY	HEALTH DEPT.	25B. NAME O	- 4	25C. FUNERAL DIRECT			ADDRESS
		JUN 3 1969	Miner	Elipaber M.O.	John J. dud	7922 Wise	we. Balt	• Fid. 21222



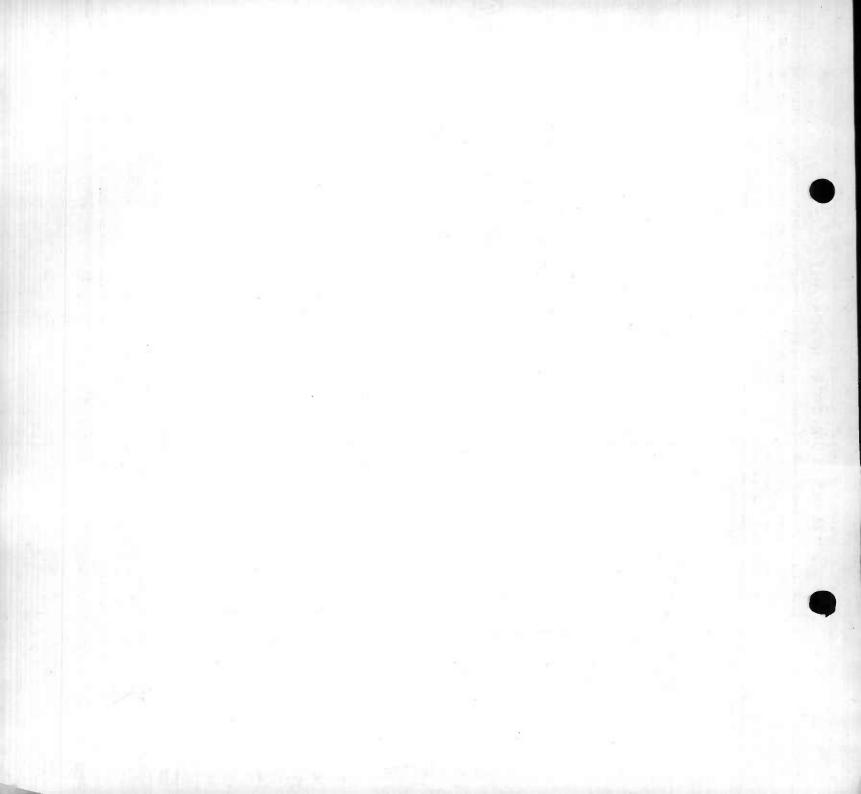
1/-	520	BALTIMORE CITY HEALTH DEPARTMENT	EMOO
7	7007	BIRTH NO. 69 5706 CERTIFICATE OF DEATH REG. NO. 69	5706
	of death of death Deceased e on the ith. Such	1. NAME OF DECEASED (Type or Print) 2 2	
	- 0 0 c c	Christophet Jahnson. 6-1-69.	10 15 AM
		3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institution: reside	ence before admission)
	hosp ause e; (5) idanc	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET C. CITY OR JOWN D. INSIDE CITY LIMITS	2-06
	2 S P +	Both	NO 🗌
	ng cau	37 Mescy Haspital E. STREET AND NUMBER	
	d	2303 Manyland Wer	-
•	contribut contribut eterminec n regular n regular eceased p	6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE 9h yeors If Under 1	Yr. If Under 24 Hrs.
	ont ont regrees	WIDOWED DIVORCED 71-29-8	
	D - D - D -	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) done during most of working life, even if refired) Animal Case Takey 12. CITIZEN	OF WHAT COUNTRY
	was the sposit	13. FATHER'S NAME	
-	# 5€ \$ ± g	unknawn	
Z	stant ind; ind; eath e on	15 Was December 1 & A and E and E	DRESS
7	kin kin de ce ce ce	(Yes, no or unknown) (If yes, give wor or dates of service) 10. SECURITY NO.	
S	if if if the dan or fi	18. / / 3 \$ CAUSE OF DEATH	PPROXIMATE INTERVAL
IMPORTAN	207 5 5 4	DISTAST OF CONDITION DISTAST I	EEN ONSET AND DEATH
₹ '	Als Als attended	LEADING TO DEATH (A)IMMEDIATE CAUSE ROSMIGHTON KILLING, ATT	
**		heart failure, astheria, etc. It means the disease	
OR:	= = 0 5 E	injury or complication which caused death.	
5	Xami Kami A fr Who reg	ANTECEDENT CAUSES (B) fulmorary Infaretion, Rt.	
DIRE	(3) / (3)	DISEASES OR CONDITIONS, il any, giving rise to the abave cause (A) stating the	
=		UNDERLYING CONDITION lost. (C) thibuit Objustill Lung Lileaso	
-4	medical medical burns; physicia an was remain	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Part 16 Page 18 Pa	
RA.	dy bu	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
UNER	a ody	198. CONDITION FOR WHICH OPERATION 208. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONDITION WAS PERFORMED	NSIDERED
5	he chi (2) Bo (2) Bo re the physi fore t	U XA ACCIDENT WAS INDESTRING TO THE PROPERTY OF THE PROPERTY O	
<u>.</u>	y the ital b e; (2) vhere No ph befor	DEATH (notify medical examiner)	act focation)
:	ospi ospi ature pt w (6) h	OF INJURY (Menth) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
		(APPROX.) While At Not While At Work At Work	
	0 = E 0 0 0	22. certify that (this hospital) attended the deceased from	19.69
	of a	that O ((we) last saw the deceased alive on 6/19 9 and that in (our) apinion death oc	ccurred on the date
	0 - 0 2 - - 1		
	leased to leased to ident of hospital o death) I must bo	23A, SIGNATURE 23B, DATE AS	SNED
	7 6.5 6 . "		169
		23C. PHYSICIAN'S NAME (Type) A PIRCIPAL 23D. ADDRESS	
	dy was (1) An (0.A. at ed price	MANUCIA M. RIBEIRD, M.D. ANATOMY BOARD OF	MARVIAN
	E-700 -		inly) (Sidile)
	This certifie body shows: (1) was D.O. deceased written a	25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C, FUNERAL DIRECTOR	SCHOOL
	This ce the boo shows: was D. deceas writter	25G. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 2SG. FUNERAL DIRECTOR MORTILARY SEDVICE	DCHD



	69	570	BALTIMORE CIT	Y HEALTH DE	PARTMENT	REG. NO.	69	578	07
BIRTH NO.			CERTIFICA	TE OF I	DEATH				
1.NAME OF DECE (Type or Print)		RD, NE	LLIE I.			NE 2, 1969		1	1:00Pm
3. PLACE IN BALT	IMORE MARYLAND, V	VHERE PRON	DUNCED DEAD	4. USUAL RE	SIDENCE (Who	ere deceased lived, tl i	nstitution: res	idence belo	re odmission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITADDRESS OR LOC	TAL OR INSTI	TUTION, GIVE STREET	MARY c. CITY OR TO	LAND	BALTIM	OR E	AITS?	3-00
1/0	ST AGNES WILKENS 8			BALT E. STREET AN	I MORE		YES 🗌	Хои	
70	BALTIMORE			6111	OPPING	TON ROAD			
S. SEX	6. RACE		NEVER MARRIED	8. DATE OF B		9. AGE (In years	If Under	1 Yr. If U	Jnder 24 Hrs.
FEMALE	WHITE	WIDOWED	DIVORCED	08 2	0 87	lost birthdoyl	Months	Doys Hour	Min.
IOA. USUAL OCCU	PATION (Give kind of war rorking life, even if retired)	108 KIND C	F BUSINESS OR INDUSTRY	11. BIRTHPLA	CE (Stote or fore	eign country)	12. CITIZI	EN OF WHA	T COUNTRY?
		REA	L_ESTATE	MARY	I AND		11	SA	
SALES 3. FATHER'S NAM	A.E.				S MAIDEN NA	ME		JA	
GEORGE	W. FORD			ANNA	HARRIS	SON			
5. Was Deceased	Ever in U. S. Armed For	rces?	1 6. SOCIAL	17. INFORMA	NT	BALT	O MD	ADDRESS	
	m yes, give wor or dose	s of service	SECURITY NO.	ST A	GNES RI	ECORDS-WIL		& CAT	ON AVE
118. / 2	2.12.1		213542144 CAUSE OF DEAT					APPROXIMA	TE INTERVAL
DISEASE	OR CONDITION DI LEADING TO DEATH	RECTLY	0,,001 0, 52,,,	••		de	sea BE	TWEEN ONS	ET AND DEATH
	of maan the mode of	dvina. e.a.	(A) IMMEDIATE CAI	ISE CON	ebral	vastul	n		*******************************
heort failure, o	slhenia, etc. Il means	the disease	DUE TO, OR AS	A CONSEQUEN	CE OF:				
	olicotion which coused NTECEDENT CAUSES								
			(8) DUE TO, OR AS		***************************************				*********
rise to the	R CONDITIONS, if above cause (A) CONDITION last.	any, giving slaling the	(C)	A CONSEQUE	NCE OF:				
	11								
TO THE DEATH	CANT CONDITIONS CO	HE TERMINAL	***************************************						
19A. DATE OF	ONDITION GIVEN IN PAR OPERATION 198 CON	DITION FOR	WHICH OPERATION	20A. AUTO	PSY? (Yas or N	o) 208, IF YES, WERE	FINDINGS C	ONSIDERE	D
	WAS PER	FORMED		MØ		ON CERTIFYING CA	USES OF DE	EATH?	
OR CONTRIBUT	T WAS UNDERLYING [TING] CAUSE OF medicol axominar)] 211 hor etc	B. PLACE OF INJURY (e.g., I me, form, foctory, street, o	n or about 21 C.	WHERE DID	(If In Saltimo	ra City, give	exact locotio	on)
21D.TIME	(Month) (Doy) (Yeor)	(Hour) 211	INJURY OCCURRED		HOW DID IN	IURY OCCUR?			
(APPROX)		W	hile AI NoI While	еП					
22. I certify t	hat (IX (this hospital		the deceased from M			19 69 to JUN	F 2		19 69
1 1/	ost saw the deceose					nat In (my) (our) opl		accurred	
			(Me) (qid) (減%%%) (X	few the hade	ofter death	(ooi / opi	on death	200150	20 1114 GOLO
23A. SIGNATUR							23B, DATE	SIGNED	
1	7. Sham	S. N		ending	Med. Director	Staff Phys.		E 2,	1969
23C. PHYSICIAN	r's		DEGREE	23 D. ADDRESS	Piteriot -	: 11y 5	1 0014	,	1000
	A.SHAMS M.	D.		CT ACAL	EC HOOF	DITAL GULL	ENC C	CATO	AL ALEC
4A. BURIAL CREM	ATION, 248, DATE		AME of CEMETERY OF CR	ST AGN			ENS &		(State)
REMOVAL (Sp	Pecity)	18 11	(nov/(n. n)	7/-In.					
SA, DATE REC'D	BY HEALTH DEPT.	25B NAME	OF REGISTRAR	25C. FUNE			RYLAN		5311
	1000		E Jaibel M.D.	ME	15-A 1	SIN FOOI	Hom	= 5	nunen
S 150-REV. 1/1/61	TAN 2 1202	1 WADE	C. American . Hal	MAR		1011	1/0/14		HUNK



RESIDENCE (Where deceased lived, if institution: residence before admission) D. INSIDE CITY LIMITS? YES X NO T tf Under 1 Yr. if Under 24 Hrs. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS FRANKL, APPROXIMATE INTERVAL RETWEEN ONSET AND DEATH FAILUR 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in(my) (aur) apinian death occurred an the date

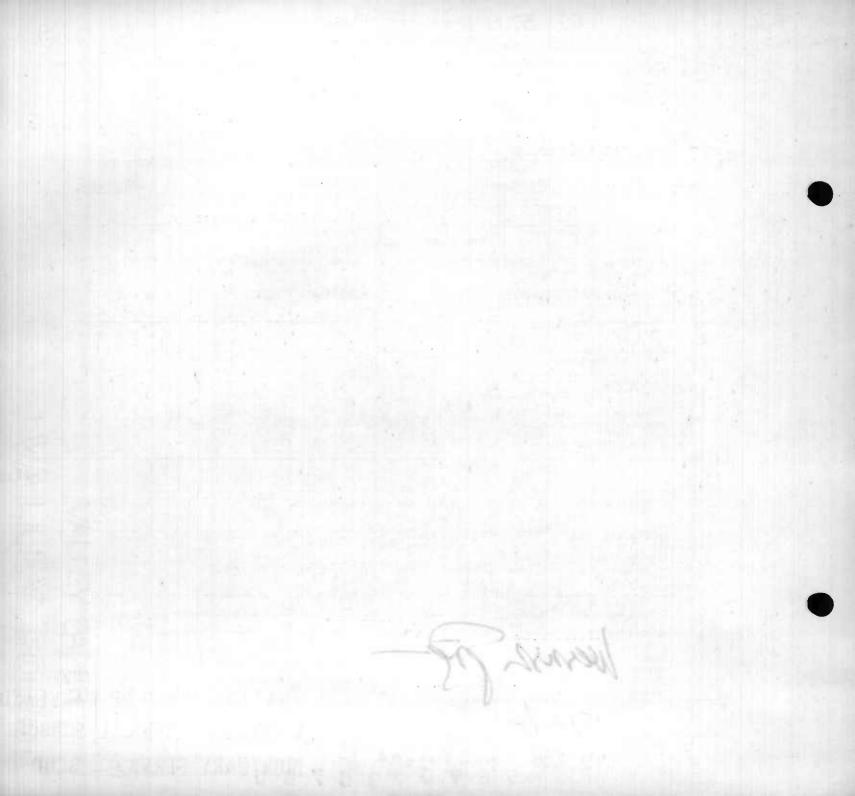


L-420

69 5709 BALTIMORE CITY HEALTH DEPARTMENT

69	5	709
	-	

BIRTH NO.	ME	DICAL E	KAMINER'S	CERTIFI	CATE OF	DEATH	REG. NO.			
. NAME OF DEC Type or Print) CALVI	N	н.	LYLES	2. DATE OF DEATH	Known Estimoted X	Month	Doy	Yeor	Hour	м.
	TIMORE, MARYLAND,			3. DATE	JNCED DEAD	Month	Day	Year	Hour	
JLL NAME OF OSPITAL R INSTITUTION	ADDRESS OR LOC	CATION)	ON, GIVE STREET		ESIDENCE (Where	Apri.	,	1969		_ M.
0 1543	Division St	reet		A. STATE Mary			COUNTY	14	-01.	,
SEX	7. RACE	8. MARRIED	NEVER MARRIED	C. CITY OR	TOWN	Ī	. INSIDE C	ITY LIMITS?		
male	negro	WIDOWED [DIVORCED [Balt	imore		Y	ES XX	NO 🗌	
DATE OF BIRT	H 10. AGE last birtho 44		nder 1 Yr, If Under 24 Hrs. hs Days Haurs Min.		AND NUMBER 3 Division	Ctroot				
BIRTHPLACE (S	State or foreign country)		TITIZEN OF VHAT COUNTRY?	13. FATHER		i Street				
	PATION (Give kind of working life, even if retired		BUSINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NA	ME				
. WAS DECEAS es, no or unknown	ED EVER IN U.S. ARM	ED FORCES?	17. SOCIAL SECURITY NO.	18. INFOR	MANT		A	DDRESS		
(This does n heart failure injury ar con AN DISEASES (RISE TO THE UNDERLYIN	E OR CONDITION DIR LEADING TO DEATH at mean the made of a sishenia, etc. It means to application which coused do NTECEDENT CAUSES DR CONDITIONS, IF AI E ABOVE CAUSE (A) ST NG CONDITION LAST.	dying, e.g., he diseose, leath.) NY, GIVING ATING THE	(8)		UENCE OF:					
TO THE DEA	ATH BUT NOT RELATED T CONDITION GIVEN IN	OTHE TERMINAL								
20A. DATE OF	OPERATION 208. CO	ONDITION FOR	WHICH OPERATION W	AS PERFORA	NED	History		21. AUTO	PSY? (Yes or Yes	No)
UNDERLYING	NAL CAUSE WAS	228. I ham e	PLACE OF INJURY (e.g., e, form, factory, street, office	in or obaut 2 ce bldg., etc.) I	2C. WHERE DID NJURY OCCUR?	(If in Boltimare	Clty, give exc	act location)	165	
OF INJURY (APPROX.)		v v		WHILE VORK	2F. HOW DID IN	JURY OCCUR	?			
ACTUAL SIGNATU EXAMIN NAME (1 4A. BURIAL CRE/	ER'S Wern (ype) MATION, 248 DATE (y) BY HEALTH DEPT.	er U. Sp. 24	Ltz, M.D. C. NAME of CEMETERY OF REGISTRAR	ASSO OF CREMATO	CHIEF MEDICAL I	Undetermine EXAMINER EXAMINER &			DATE SIGN 4/29/64 MARY	
151-REV. 1/1/68		69 Jaber	8 E. Jaiber, M.	0.	- MOR	TUARY	SER	VICE	- BCI	ID

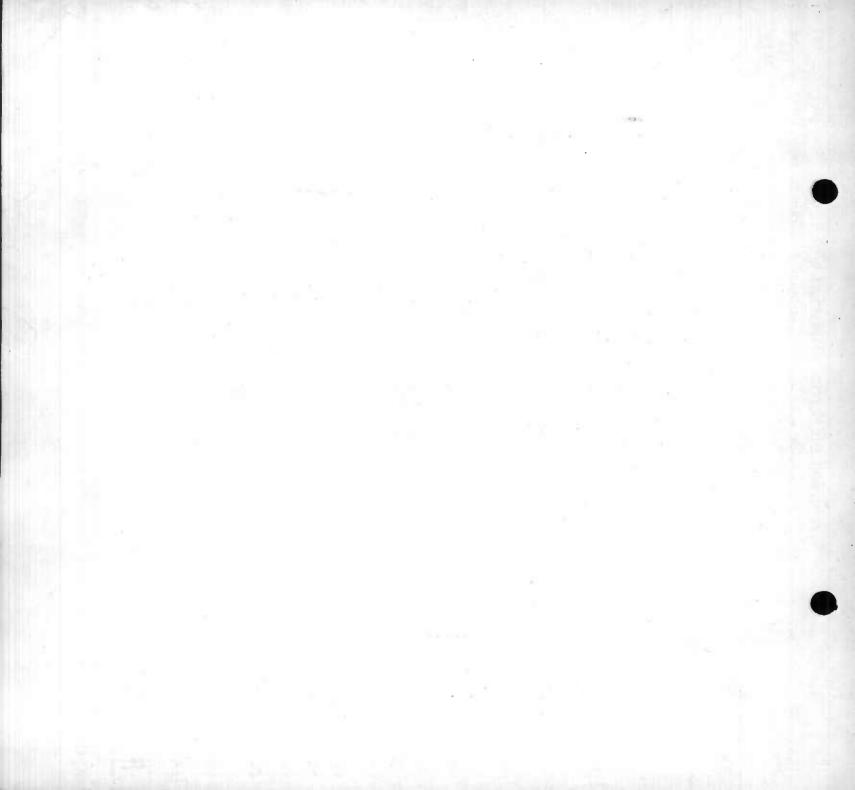




	60	5m	BALTIMORE CITY	HEALTH DEPARTMENT		00 554
BIRTH NO.	00	01.	CERTIFICA	TE OF DEATH	REG. NO	69 5711
I. NAME OF DE	CENSED			2. DATE	AND HOUR OF DEATH	
(Type or Print)	LEROY	1 AH	es		5-29-69	16:15
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD			institution: residence before odmiss
FULL NAME OF	OF NOT IN HOSPITA	AL OR INSTITU	UTION, GIVE STREET	MO	UNTY	3-01
NOITUTITENI	11			C, CITY OR TOWN	D. IN:	SIDE CITY LIMITS?
35 CM	LURCH SO	MEA	ND HOSPITAL	E. STREET AND NUMBER		YES NO
				14077	IN PIN	ALLEY BALD
5. SEX	6. RACE	MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 I Months Doys Hours Min
19	N	WIDOWED		8-20-10		Number of the state of the stat
OA, USUAL OCC	UPATION (Give kind of work) working life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of fo		12. CITIZEN OF WHAT COUN
	in Slave			nerth	Carolina	454
3. FATHER'S NA	ME Clemano	-		14. MOTHER'S MAIDEN N		, , , ,
	Unknu	_		Unk		
5. Was Deceased	Ever in U. S. Armed Force	es?	1 6, SOCIAL	17. INFORMANT		ADDRESS
res, no or unknown	(If yes, give wor or dotes	of service)	SECURITY NO.	worthead (ADDRESS
lin.			Wiknow			
263	9 1		CAUSE OF DEATH	1		APPROXIMATE INTERVA BETWEEN ONSET AND DE
DISEA	SE OR CONDITION DIRE LEADING TO DEATH	ECTLY		22 (2100		
(This does	nat meon the made of	dvina. e.a.	(A) IMMEDIATE CAU	se: Ureba	l beworks	48 Ans
hearl foilure,	osthenia, etc. It means to application which coused to	he disease.	DUE TO, OR AS			
1	ANTECEDENT CAUSES	460 III.J	111	11 1		-
			(B)	ernicks E	reighaloge	My 5-16 6
rise to the	OR CONDITIONS, if a obave couse (A)	ny, giving slaling the	DUE 10, OR AS	A CONSEQUENCE OF:		My 5-16 to 5-29
UNDERLYIN	G CONDITION lost.		(C)		******************	
-	- 11					
E ITO THE DEAT	ICANT CONDITIONS CON	E TEDMINIAL				
< IDISEASE OR C	ONDITION GIVEN IN PART	# fA1.	***************************************	***************************************		
O DATE OF	OPERATION 198 COND	ITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES, WERE	FINDINGS CONSIDERED
E O	T WAS HADERLYING	[010]				
OR CONTRIBLE	NT WAS UNDERLYING TING CAUSE OF medical examines	home etc.)	PLACE OF INJURY (e.g., in p, form, factory, street, off	or about 21 C. WHERE DID	(If In Boltimo	re City, give exoct location)
OF INJURY	(Month! (Doy) (Year)	(Hour 21E	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)		Whil	e Al On While			
22 1	Abox (I) (Abba basetast)			<u> </u>	19	
	that (1) (this hospital)		e deceased from	2-16	19 67 to	5-29 19 69
	lost sow the deceased		5-17	19 69 and	that in (my) (our) api	nion death occurred on the d
and hour one	from the couses state	d above. (I)	(We) (did) (did not) vi	ew the body after death	•	
23A. SIGNATU	RE .	0	544 A VIIII			23 B, DATE SIGNED
	- Alle	i his	OEGREE Phys.	ding Med.	Staff Phys.	(29 10
23C. PHYSICIA	N'S ypel	10	2	3D. ADDRESS		radway 7-68
	4/050	F. M	120.10 MD	(B) + m o have	70 N. 1510	E MILDET LAIR
4A. BURIAL CRE	MATION, 248, DATE	24C. NA	ME of CEMETERY OF CRE	MATORY ANA DELLA	COCATION (C	IV. lown of county!
REMOVAL (1/2/2/		K.	POHNIC II	ODIVING MA	CDICAL CCHOOL
SA. DATE REC'D		5 NAME OF	DECISTRAB	JUHNS R	UPAINS M	EVICAL SCHOOL
		200	Jarber M. D.	25C. FUNERAL DIRECTO	HADV CD	ADDRESS
\$ 150-REV. 1/1/6		المصفقة حا	vauper M.D.	DIE ZILUKI	UAKY SER	VICE RCHD
o 100-0074 1/1/0						







-49	69 5714 CEDITIEICATE OF DEATH REG. NO. 69 5714
pital and of death Deceased to on the ath. Such	BIRTH NO. CERTIFICATE OF DEATH REG. NO. 5714
ceased on the	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH
	KATTE S. CALLSEN MAY 29 1969 G: SAN
	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived. Il institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF UF NOT IN HOSPITAL OR INSTITUTION CIVE SYRETY ANALY MILLAND
	HOSPITAL OR ADDRESS OR LOCATION) C. CITY OR TOWN D. INSIDE CITY LIMITS?
	THUNION MEMORIAL HOSP. BACTIMORE YES NO
	IE. STREET AND NUMBER
	3709 BELAIR Rd. 21213
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years Il Under 1 Yr. Il Under 24 Hrs. Manths; Days Haurs; Min.
	WIDOWED DIVORCED WHILE 2 1895 70
1	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY?
1	MORY LAND U.S.A
ı	13. FATHER'S NAME
	WILLIAM MCCLEARY REBECCA COLEMAN
ı	15. Was Deceased Ever in U. S. Armed Forces? PG. SOCIAL 17. INFORMANT ADDRESS
1	il 1 =
ĺ	MO MRS PESSIE RIDGELY- 217 BROOKSIDE D. 18. / 2 G L 2 G CAUSE OF DEATH APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY
	LEADING TO DEATH
ı	(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. it means the disease,
ı	injury or complication which caused death.) ANTECEPENT CAUSES ANTECEPENT CAUSES
1	MILECEDENI CADILI
1	DISEASES OR CONDITIONS, il any, giving DUE TO, OR AS A CONSEQUENCE OF:
1	nise to the above cause (A) stating the UNDERLYING CONDITION lost.
ı	
ľ	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
ı	
	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ı	WAS PERFORMED IN CERTIFING CAUSES OF DEATH? IN CERTIFING CAUSES OF DEATH? IN CERTIFING CAUSES OF DEATH?
	OP CONTERNITING CAUSE OF
	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR? While At Not While The Company of the Co
ľ	While At Work At Work
ľ	22. I certify that (1) (this hospital) attended the deceased from way (5 19 69 to way 29 19 69
	that (1) (we) last saw the deceased alive an way 29 19 69 and that In(my) (aur) apinion death accurred an the date
	and have and from the causes stated above. (1) (We) (did) (did not) view the bady after death.
	23A. SIGNATURE 23R. DATE SIGNED
	faulito f. Almacio de l'Attending Med. Stuff 1 5/29/69
	23C. PHYSI CIAN'S CHAME (Type) 23D. ADDRESS
1	JOSELITO S. Acuprio RD. Mario Memos. O LL 4
1	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	13 URIAL GOLGG MARK WOOD CEMETERY PAKKULLE MD 25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C, FUNERAL DIRECTOR. ADDRESS
	JUN 5 1969 Registrar 256. Funeral director Address OULD RICH FUNERAL HONE 4210 BELDIR R.
1	VS 150-REV. 1/1/68

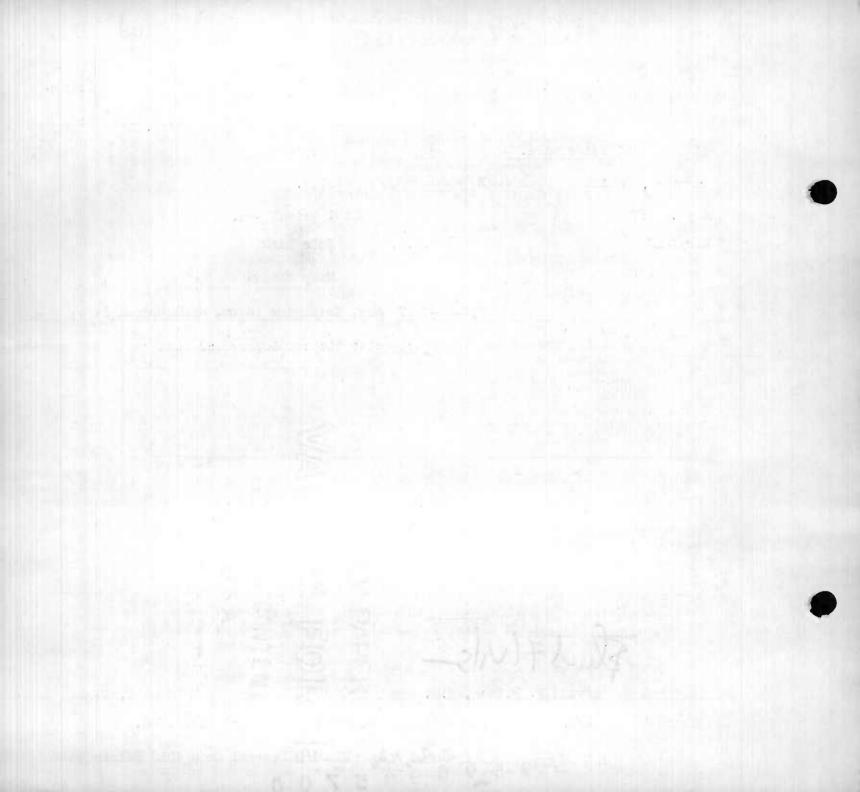




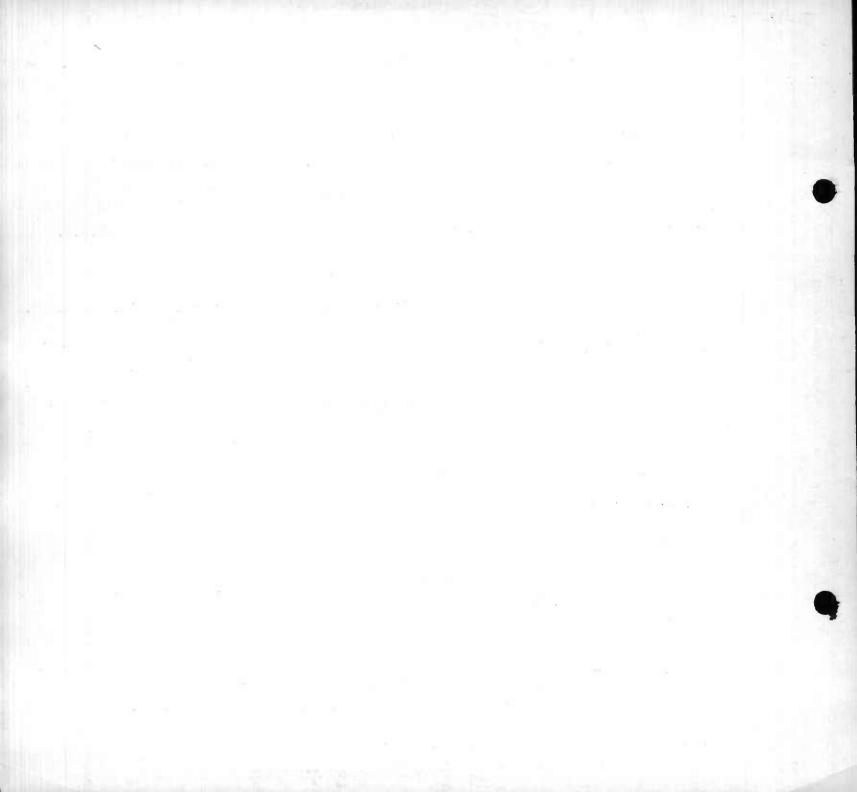
69 5717 BALTIMORE CITY HEALTH DEPARTMENT

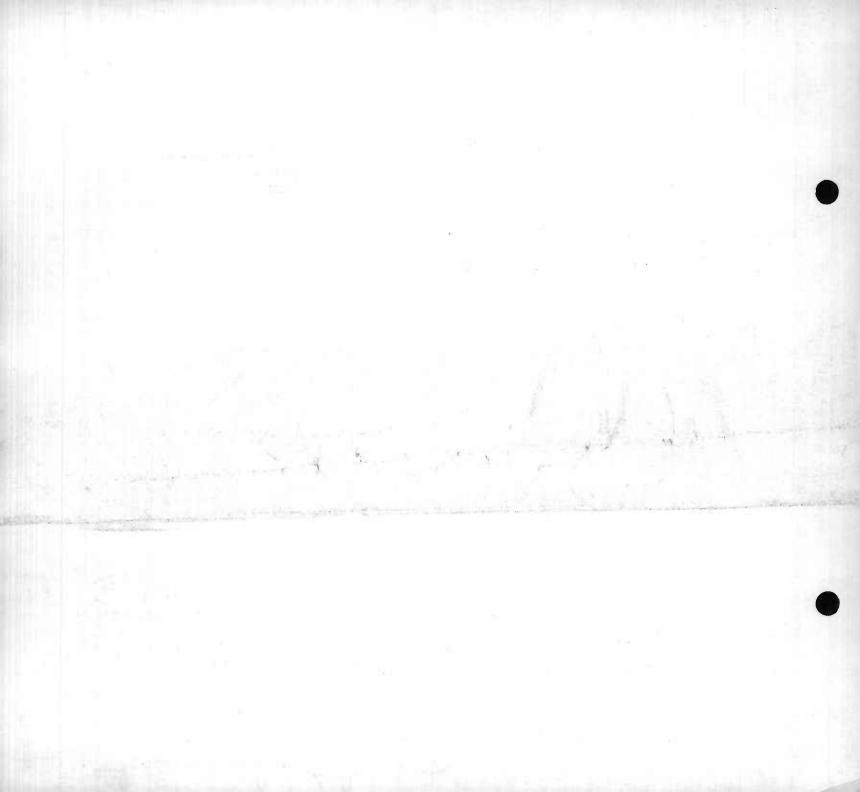
MEDICAL	FYAMINER'S	CERTIFICATE	OF DEATH
MEDICAL	CVAMIILAEV 2	CERTIFICATE	OF DEATH.

		MEI	DICAL	1 / EX	BALTIMORE CITY H				DEAT	H REG. NO.	69	5717
BIRTH NO.										KEG, 190		-,
(Type or Print)						2. DATE OF		Known XX	Month	Doy	Yeor	Hour
		BLAI				DEATH		Estimoted L	5	31	69	7:45 p
4. PLACE IN BA						3. DATE	OUNC	ED DEAD	Month	Doy	Yeor	Hour
FULL NAME OF HOSPITAL OR INSTITUTION	ADDR	ESS OR LOC	ATION)	1110110	ON, GIVE STREET				May e dece osed li	31, ved. If institution	1969	7:45 p
00	4201 Se	idel.	Δ17Ω			A. STATE	Maa	cul and		B. COUNTY	11	2-42
6. SEX	7. RACE	-Idel /		PIED [NEVER MARRIED	TIC. CITY C		cyland wn		D. INSIDE CI	TY LIMITS?	1 12
Female	Whit		WIDOV				D = 1 .	h				
9. DATE OF BIR		10.AGE (nder 1 Yr. If Under 24 Hr		Balt	NUMBER		YE	ES L	ио Ц
		lost birthd			hs Doys Hours Mir	l.						
May 4,]		94		10.0	TITITEN OF			Seidel A	Ave.			
Maryland		gn country)		12. V	THAT COUNTRYS A	13. FATHE		hn Link				
		1. 1.4	11 (8 1/1)									
done during most of	working life, ex	ve kind of wor ven ifretired	148. KINI	OF	BUSINESS OR INDUST	RY 15. MOTH		ry Humm				
16. WAS DECEAS	SED EVER IN	U.S. ARME	D FORCE		17. SOCIAL	18. INFO	RMAN	IT		Al	DDRESS	
(Yes, no or unknow)	n) (If yes, give	wor or dote:	of service		SECURITY NO. 217-54-3037	Mrs	Ka+	harina	Eaton	4201 Se	Tabie	Asro
19. / /	211				CAUSE OF DE		is or o	ior illo .	Da OOII,	TAUL DO	. AF	PROXIMATE INTER
DISEA	SE OR CONE		ECTLY		Arterio		tic	cardio	vascula	ar disea		veen onset and (
heort foilur injury or co A DISEASES RISE TO TH	not meen the e, osthenio, et emplication whith the emplication whith the emplication whith the emplication will be above the condition of the emplication of the empl	CAUSES ONS, IF AN	e diseose, eoth.)		(B)	R AS A CONS						
O TO THE DE	NIFICANT CO ATH BUT NO PR CONDITION	T RELATED TO	THE TERM	AINAL								waa waa 80 000 o w 0 0 000 o
20 A. DATE C	F OPERATIO	N 20B. CC	NOITION	FOR	WHICH OPERATION	WAS PERFOR	MED				21. AUTO	PSY? (Yes or N
0											N	No
UNDERLYIN	RNAL CAUSE G OR CON AUSE OF DEA	ITRIB-		22B. F	PLACE OF INJURY(e.g., form, foctory, street, of	., In or obout ice bldg., etc.)	INJU	WHERE DID RY OCCUR?	(II in Boltimo	re City, give exo		
		Doy) (Yes	er) (Hou	W		OT WHILE WORK	22F.	HOW DID IN	IJURY OCC	UR?		
23. I cer	rtify that 1 h		Inquiry [] .	Inspection XX A	utopsy [deoth in my	_	
ACTUA SIGNA	TURE_	totural ca	T (Û,	IC-	.D. AS	CHII	EF MEDICAL	EXAMINER EXAMINER	ned manner L		DATE SIGNED
EXAMIN NAME ((Type) F	dward	F. Wi	ilso	On M.D.			TE MEDICAL	LOCATION	Jun	e 1, 1	969 (Stole)
REMOVAL (Special Burial		6/5/6	9		New Cathedra	1 Ceme	ter	7	Balt	imore, M		, (31018)
25A. DATE REC'E	BY HEALTH	40			OF REGISTRAR & E. Jaber, M			ieral direct		ome 4210	DDRESS Belai	ir Road.
VS 151-REV. 1/1/6	58		7	0	A 11-12-		7	0 0				



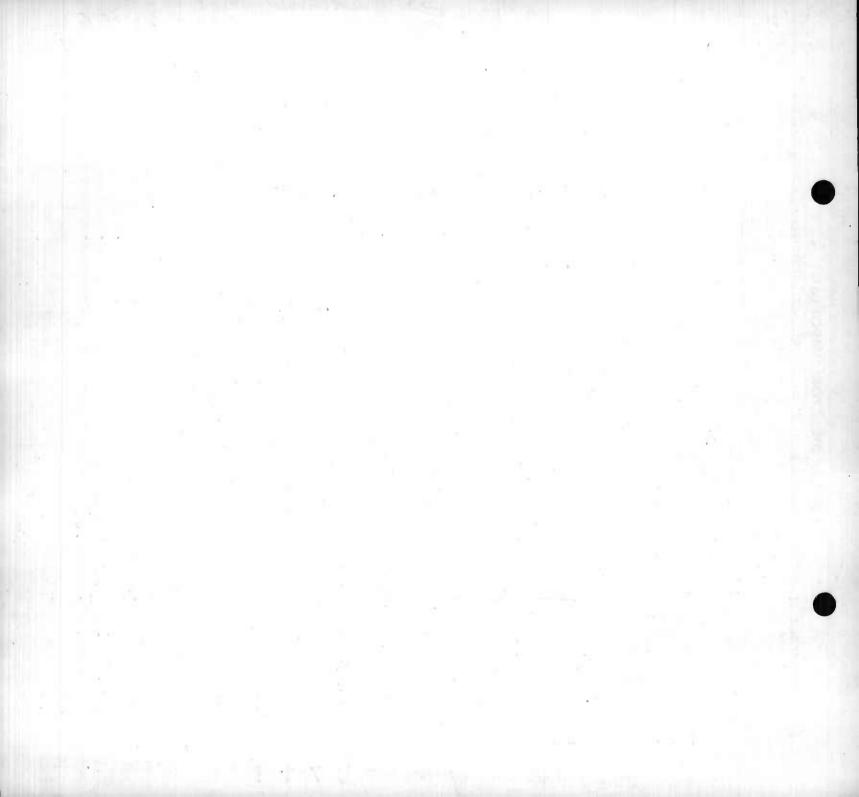
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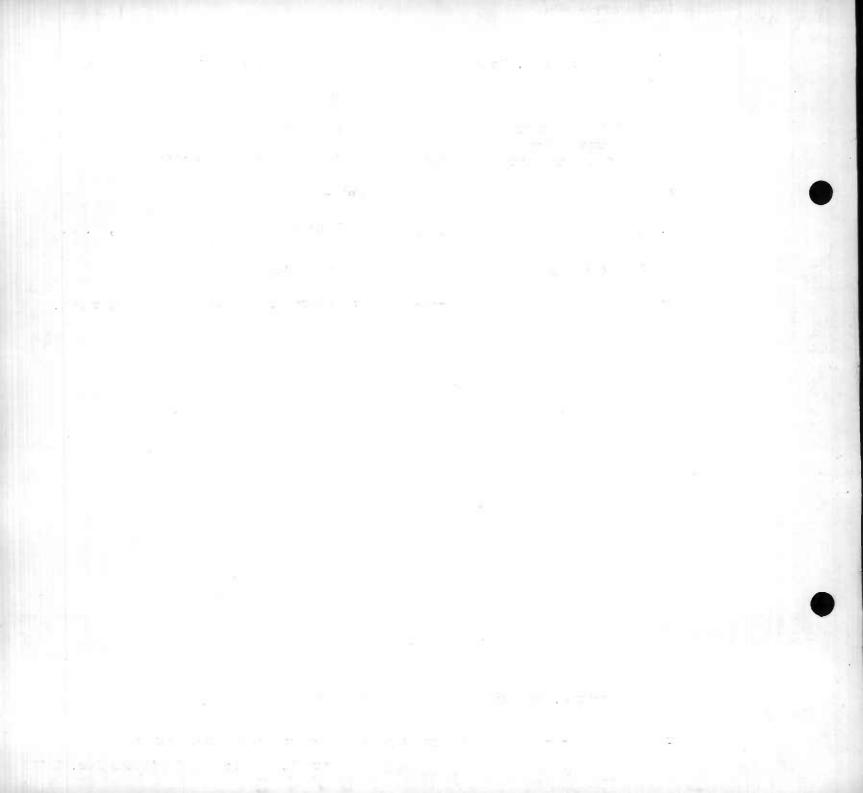




IMPORTANT

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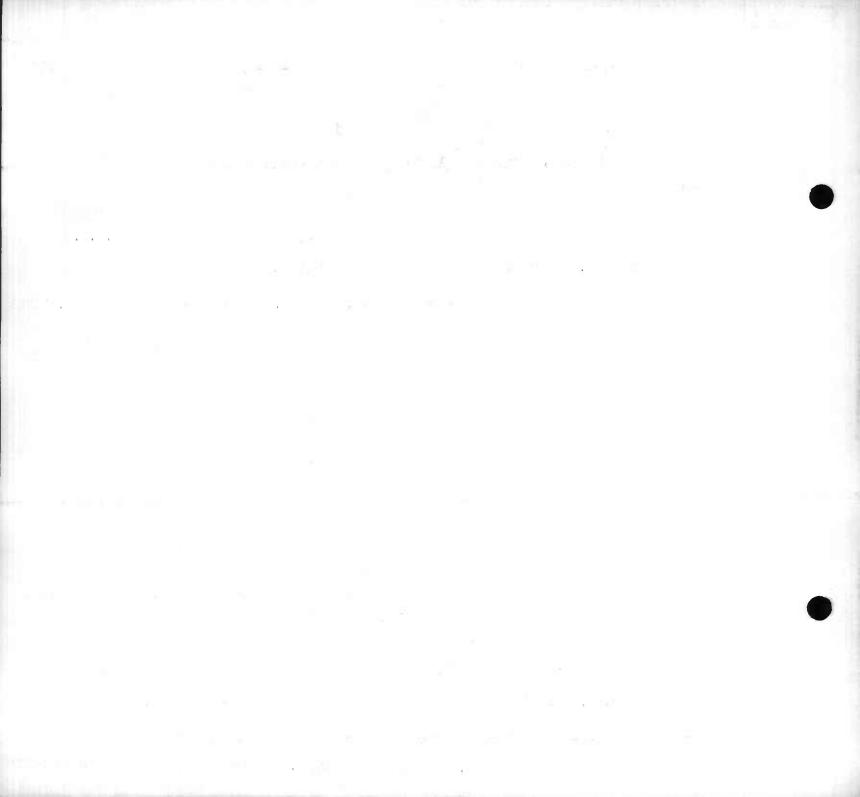




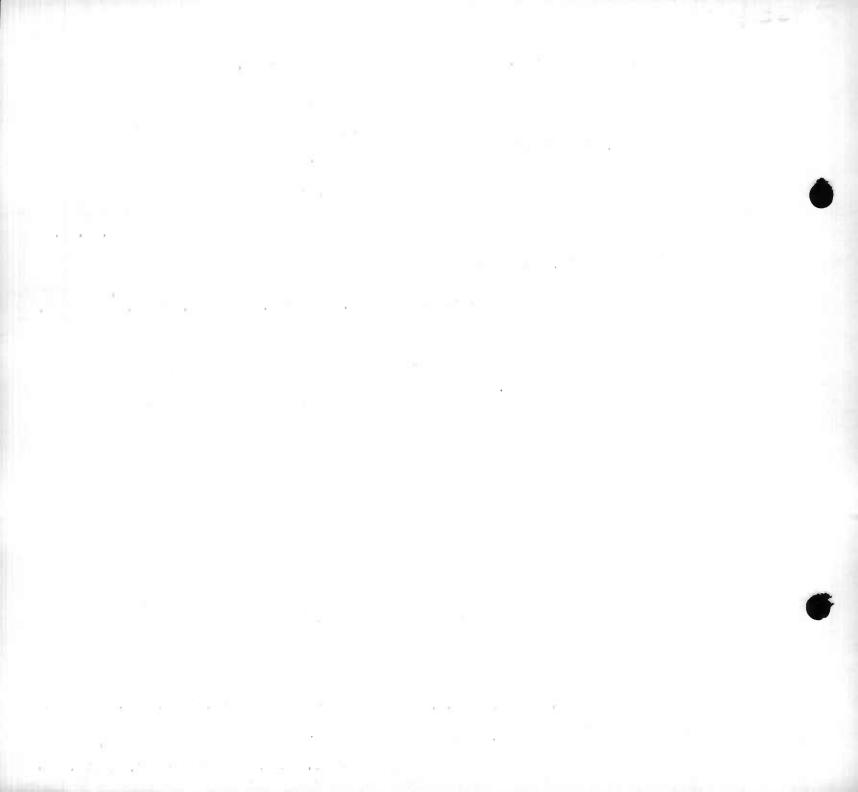
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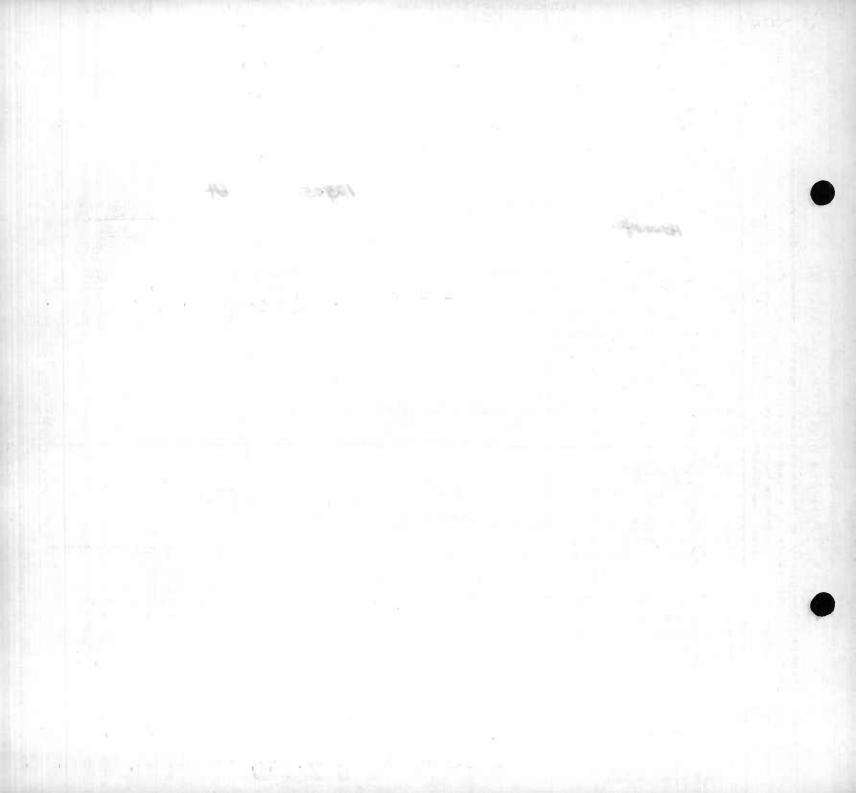
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FUNERAL



VS 150-REV. 1/1/68





VS 150-REV. 1/1/6



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John Birns! Sons, Towson, Maryland V\$ 150-REV. 1/1/6B

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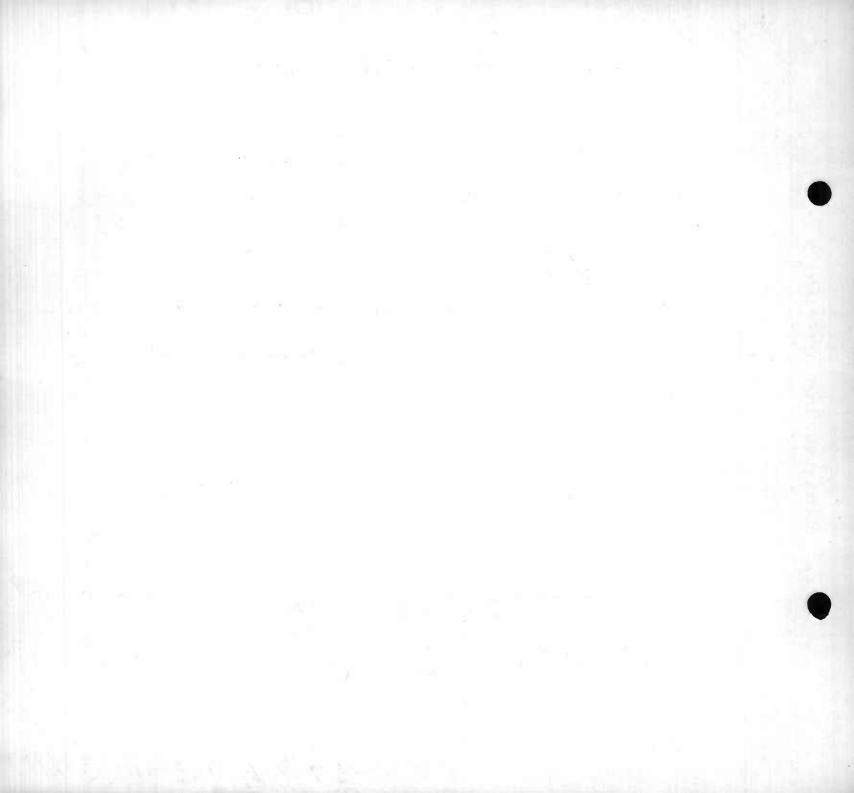
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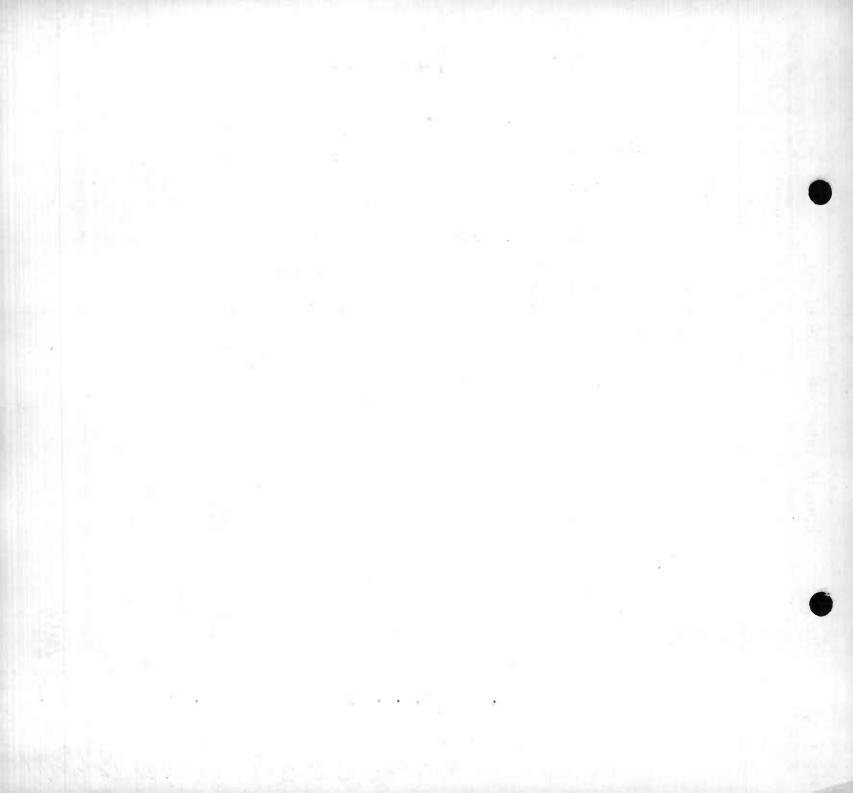
in her favor for some I was a stay who for expuse and him your lander, raculant

FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death accurred in a haspital and the body was released to the hospital by a medical examiner. Also, if the direct ar contributing cause of death shows; (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pranounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the	weighter anarched he chesined he can sensing are embalmed or tingl disposition is made
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SHIRTH NO. 4 5 5 65		BALTIMORE CITY			(1)() [[[[(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
	9 5727	CERTIFICA	TE OF DEATH	REG. NO	69 5727
I NAME OF DECEASED			2 DATE AN	D HOUR OF DEATH	
Type or Prigt	DD.		2. 0.7	See 10 C	SINCA
tolware !	of e M	AN	4. USUAL RESIDENCE (When	00/07	0,05/TM.
3. PLACE IN BALTIMORE, MAR	YLAND, WHERE PROP	NOUNCED DEAD	A. STATE B. COUN		nstitution: residence before odmission
FULL NAME OF (IF NOT	IN HOSPITAL OR INS	TITUTION, GIVE STREET	Marshan	and-	3-021
HOSPITAL OR ADDRESS	S OR LOCATION	THE HOLL OF THE STREET	C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
0			12.003	201	YES NO
1:00	11.	7 11. 11.	E. STREET AND NUMBER		
Lincoln		Home	1123 E. Pra		
SEX 6. RACE	7. MARRIE	ED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Nol Nes	9748 WIDOW	ED DIVORCED	10-2-80	78	
A. USUAL OCCUPATION (Give		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fare	gn country)	12. CITIZEN OF WHAT COUNTRY?
one during most of working life, eve	in if retired)				U.S. A
unknow	M				U. DE 17
FATHER'S NAME			14. MOTHER'S MAIDEN NAM	AE	
, Wos Deceased Ever in U. S.	Armed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
es, no or unknown) (If yes, give	wor or dotes of service	SECURITY NO.	The same of the sa		
		30-070573-19	0		
18. / 4 2 0 1		CAUSE OF DEATH	1		APPROXIMATE INTERVAL
DISEASE OR COND	DITION DIRECTLY			00	BETWEEN ONSET AND DEATH
LEADING TO			C. A on	Color	
(This does not mean the	made al dying, e	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	00 -0 /	9
heart failure, asthenia, etc.	. Il means the disea		A CONSEQUENCE OF		
injury ar complication whi	ch caused death.)				
ANTECEDENT	I CAUSES	/p\			
DISEASES OR CONDITIE	ONS, il anv. givi	DUE TO, OR AS	A CONSEQUENCE OF:		
rise la lhe above co		he			
UNDERLYING CONDITION	N fast.	(C)			
11					
OTHER SIGNIFICANT CONDI					
TO THE DEATH BUT NOTRE		AL			
T DISEASE OF CONDITION GIV	A CIA II A LWKI I IWI'		120 A COMP AND IN M.	000 10 110	SIMPLINES CONSIDERED
DISEASE OR CONDITION GIV		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE	LINDING? CONSIDERED
DISEASE OR CONDITION GI		OR WHICH OPERATION	ZUA. AUTOPSY? (Yes of No	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
19A. DATE OF OPERATION	19B. CONDITION FO			IN CERTIFYING CA	
19A. DATE OF OPERATION 21A. ACCIDENT WAS UND OR CONTRIBUTING ☐ CAU	19B. CONDITION FO WAS PERFORMED	21B. PLACE OF INJURY (e.g., in	n or about 21C. WHERE DID	IN CERTIFYING CA	AUSES OF DEATH?
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Type or Print) Alexander	Malinowsk		3,1969	1:30 P.
3. PLACE IN BALTIMORE, MARYLAND, WHERE 3806 Hudson Street FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION) At Home		Maryland c. City Or TOWN Baltimore 2122 E. STREET AND NUMBER 3806 Hudson St	D. INSI	estitution: residence before odmission 26-09 DE CITY LIMITS? YES NO
37-3- 37-24-	ARRIED ARRIED	B. DATE OF BIRTH	ost birthdoy)	If Under 1 Yr. If Under 24 Hi Months Doys Hours Min.
	DOWED DIVORCED			
10A. USUAL OCCUPATION (Give kind of work 108. K done during most of working lile, even if refired) Burner	thlehem Steel Cor			12. CITIZEN OF WHAT COUNTY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
Anton Malinowski		Boguslawa Ameli	ia Szupstars	ski
S. Was Deceased Ever in U. S. Armed Foices? Yes, no oi unknown) (If yes, give wor or dotes of s	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	213-07-2697	Mrs. Anna Maline	wski 3806 H	Iudson Street
ANTECEDENT CAUSES DISEASES OR CONDITIONS, il ony, rise la lhe abave cause (A) slotin UNDERLYING CONDITION last. Il OTHER SIGNIFICANT CONDITIONS CONTRIBITED TO THE DEATH BUT NOT RELATED TO THE TER	(c)	S A CONSEQUENCE OF:		
DISEASE OR CONDITION GIVEN IN PART 1 (A)				
		20A. AUTOPSY? (Yes of No.)	208, IF YES, WERE I	INDINGS CONSIDERED
10/23/67 198. CONDITION WAS PERFORME	N FOR WHICH OPERATION ED	20 A. AUTOPSY? (Yes of No)	208. IF YES, WERE IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
19A. DATE OF OPERATION 198. CONDITION	N FOR WHICH OPERATION ED	no		FINDINGS CONSIDERED USES OF DEATH? City, give exoct locotion)
10/23/67 See 18A 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	no in or obout 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJU	(If In Boltimore	e City, give exect location)
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VS 150-REV. 1/1/6B

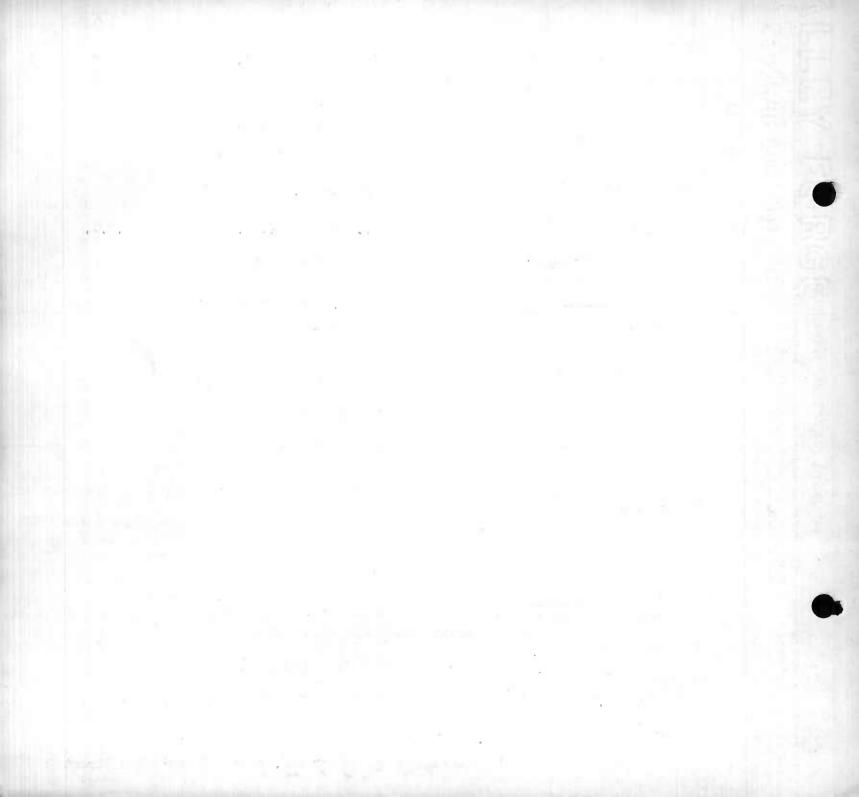
Burial 6/6/69 St. Stanislaus Cemetery Baltimore, Maryland

25A. DATE REC'D BY HEALTH DEPT 969

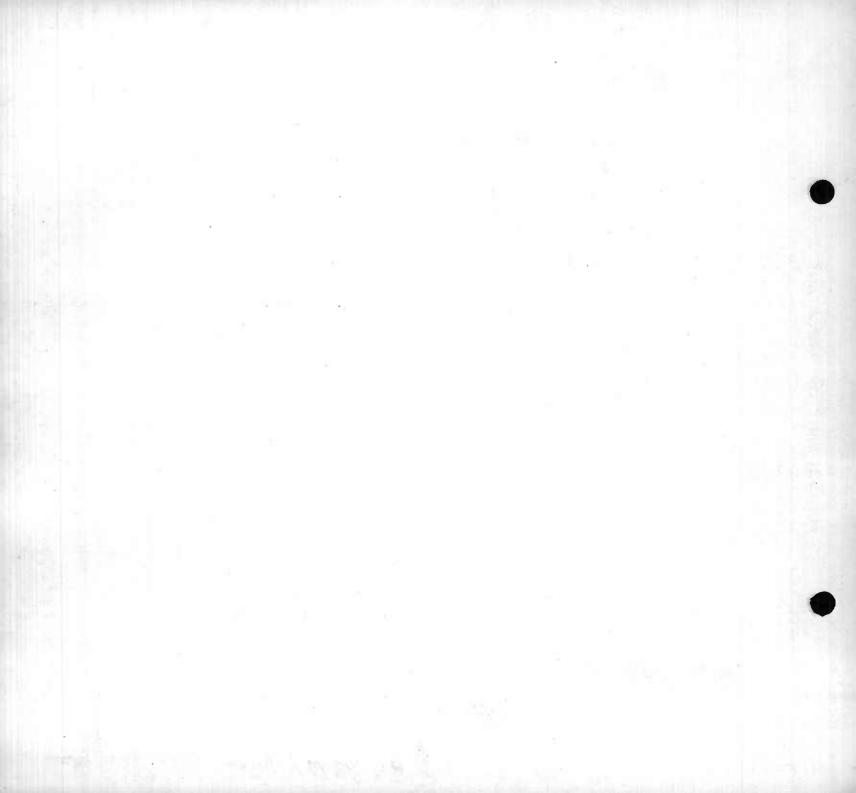
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25A. DATE REC'D BY HEALTH DEPT 969

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DIRECTOR:

FUNERAL

NO

APPROXIMATE INTERVAL

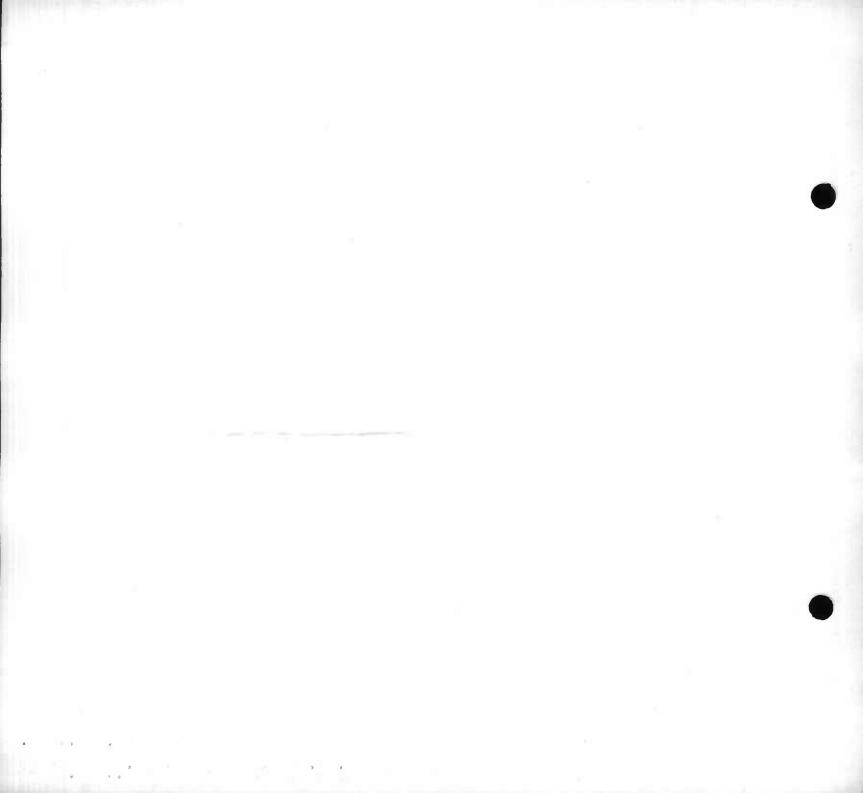
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IMPORTANT

DIRECTOR:

FUNERAL



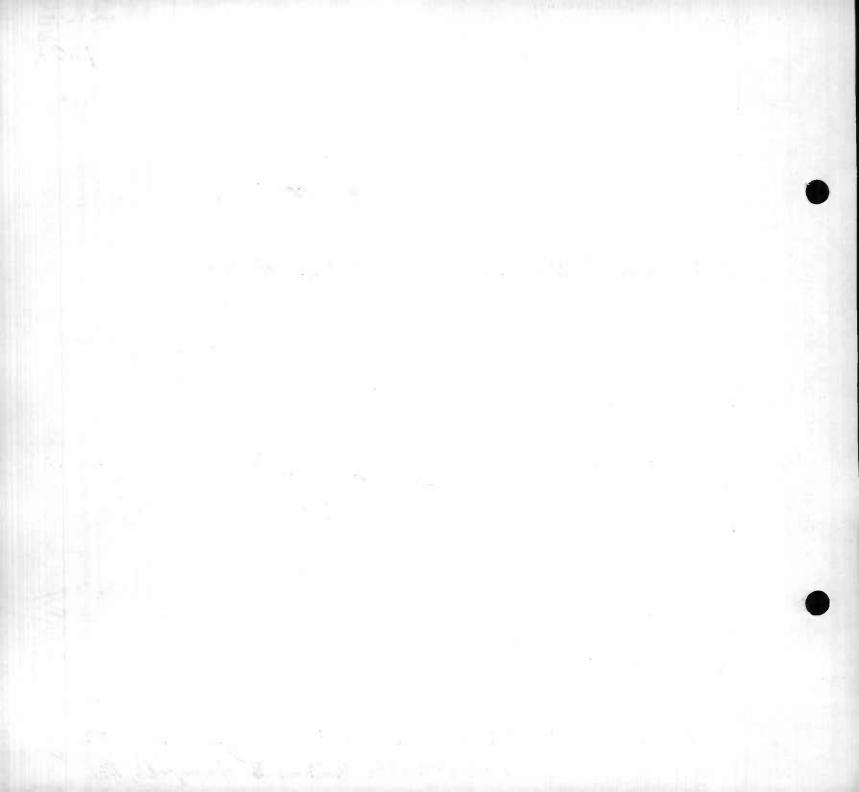
IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



5736

10:00

NO C

ADDRESS

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

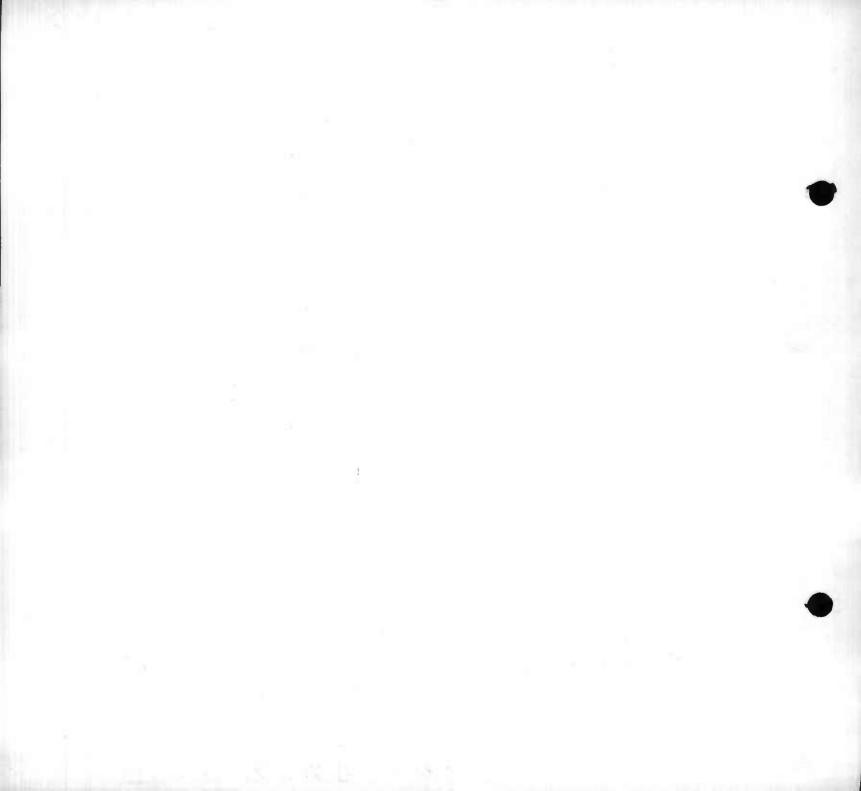
(Stote)

ADDRESS

Hours Min.

IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/68



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_	BR PLACE IN BAL		OHNSON	WHERE D	ONO	UNICED DEAD	DEATH 3. DATE	Estin	mated 📙	6	3	69) а м.
FUI	L NAME OF	(iF NO		AL OR INS		ON, GIVE STREET	100	DUNCED	DEAD	Month June	Doy e 3.	Yeor 196	9 7:	30а м.
OR	INSTITUTION		tu Uac	nd to 1			5. USUAL A. STATE			deceosed li	B. COUNT	tion: residence	before odr	o 6
6.	SEX	7. RACE	ity Hos			NEVER MARRIED	C. CITY C	Mary.			D. INSIDE	CITY LIMITS?	2	
	Ma1e	Negr		WIDOV	_		Ro1+	-0				YES 🔀	No 🗆	
	DATE OF BIRTH	1	10. AGE (I lost birthdo	n years	If Un	der 1 Yr. If Under 24 Hrs. ns Doys Hours Min.	E. STREET		UMBER			TES LEF	NO L	
_	11-14-1 BIRTHPLACE (S			.8	12 6	ITIZEN OF	2936		ondson	Ave.				
	Baltimo			ind		HAT COUNTRY?			Johns	on				
144		PATION (GI	ve kind ol work		OF B	USINESS OR INDUSTRY	15. MOTH	ER'S MA	DEN NAM	AE.	12		-	
	Student	-	ven mienied)	Joh	C	orp.	Am	y Jo	hnson					
16. (Ye	WAS DECEASE s, no or unknown)	D EVER IN	U.S. ARMEI	of service	5?	17. SOCIAL SECURITY NO.	18. INFOI	THAMS				ADDRESS	60 E	
	No.	(,,					Mrs.	Amy	John	son	2936	Edmon	dson	Aven
	_	OR CONI	DITION DIRE	CTLY		CAUSE OF DEA	тн			7.			PPROXIMATE WEEN ONSET	INTERVAL AND DEATH
	(This does no heart failure, injury or com	ot meon the osthenio, et plicotion wh	mode of dy c. It means the ich coused de	e diseose, oth.)		(A)MMEDIATE CO DUE TO, OR A	AUSE AS A CONSE	luo	who	: W	buy	ptue .	P	
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	result	ed from:	Notural cou	ses 🔲	Ac	codent Suicid	e	domicide	N I	Jndeterm!	ned monne	or 🗌		
	ACTUAL SIGNATU	RE D	lus	干	W	ILR M.D	AS		MEDICAL E				DATE SI	GNED
	EXAMINE							OCIATE !	MEDICAL E	XAMINER				
	NAME (T			rd F.		lson, M.D.						June 4		
	A. BURIAL CREA MOVAL (Specif		24B. DATE		240	NAME of CEMETERY	or CREMA	ORY		LOCATION		own, or county		itote)
	Burial		6-7-6	59		Arbutus Me		rk			more,	Maryl	and	
25	A. DATE REC'D	BY HEALTH	DEPT.	125B N	IAMF (OF REGISTRAR	25 C	FUNER A	AL DIRECTO	OR		ADDRESS		

VS 151-REV. 1/1/68 995

JUN 5 1969 Robert E. Jarber, M.D.

MORTON & DYETT F.H. 1701 Laurens St.

The second secon

VS 150-REV. 1/1/68



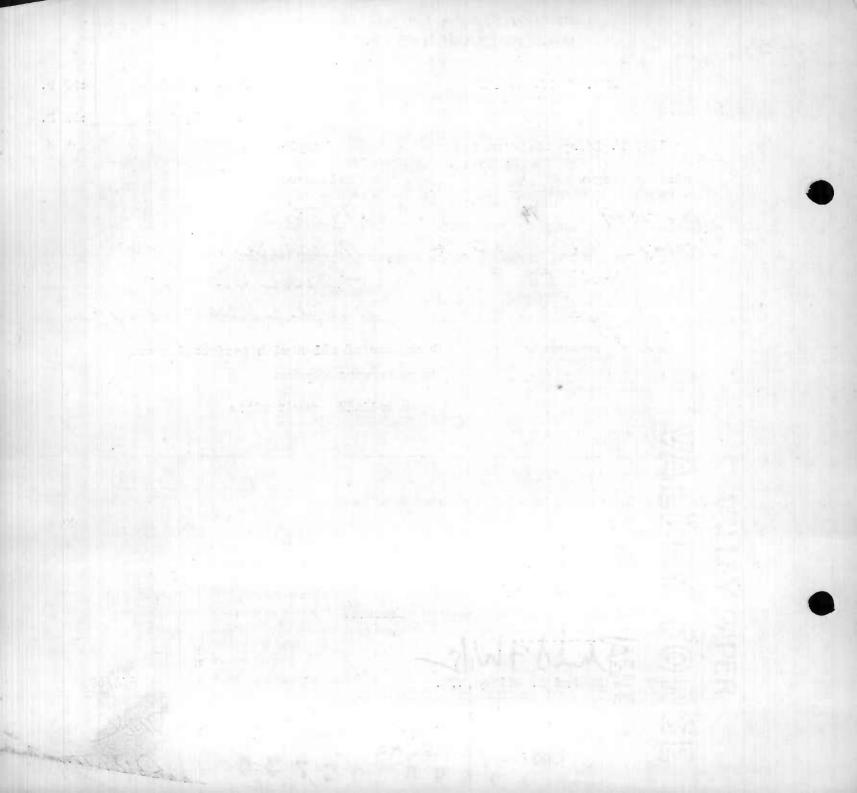
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VS 151-REV. 1/1/68

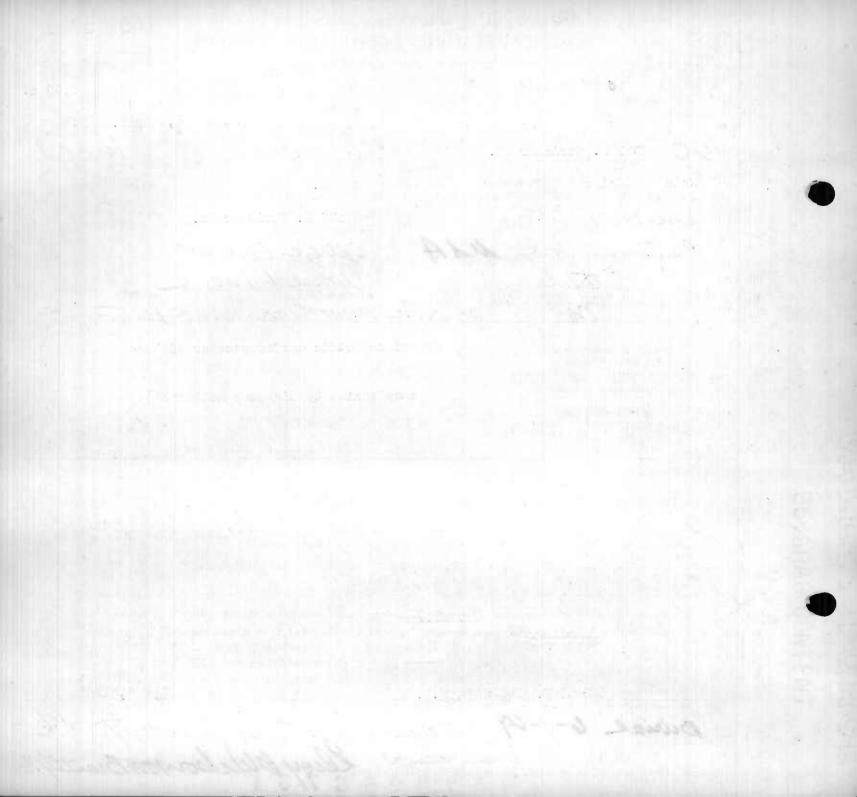
69 5739 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 69 5739

BIR	TH NO.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 0, 12			.,		<i></i> , (1	RE	G. NO			
	NAME OF DEC	EASED				2. DAT		Known	Month	D	oy	Yeor	Hour	
(1At	oe or Print)	REV.	THOMA	S HAT	RRIS	DEA		Estimoted	June	3,	1969		8:33	P. M.
4.	PLACE IN BAL	TIMORE, MA	RYLAND, W	HERE PR	ONOUNCED DEAD	3. DAT			Month		Doy	Yeor	Hour	
HO	L NAME OF SPITAL INSTITUTION	(IF NO	T IN HOSPITAL	L OR INSTI	TUTION, GIVE STREET			IDENCE (Where			1969	rauldance		P. M.
0	The same of the same of	7 E. La	afayett	e Ave	enue	A. STAT	E	aryland	deceosed (UNTY	X	-0	6
6. 5	SEX	7. RACE		8. MARRI	ED NEVER MARRIED	C. CITY	ORT	OWN		D. IN	ISIDE CIT	Y LIMITS?		
	Male	Negr	ro	WIDOW	ED DIVORCED	_ F	Balt	imore			YES		NO 🗆	
9. [DATE OF BIRTI	1894	I 0. AGE (In lost birthdoy	yeors 74	If Under 1 Yr, If Under 24 H Months, Doys, Hours, M		TLII	D NUMBER	alru	oti		2		
IL	BIRTHPLACE (S	stole or foreig	n country)	1	2. CITIZEN OF WHAT COUNTRY?	13. FAT	HER'S	NAME	10	14	me	10		
	USUAL OCCU	vorking life, ev	en il retired	48. KIND	OF BUSINESS OR INDUS	TRY 15. MC	THER'S	MAIDEN NAN	AE /)	~ 10	^-			
16	WAS DECEAS		U.S. ARMED	FORCES	2 117. SOCIAL	18. TNF	ORMA	NI	100	co	ADI	DRESS		
(Yes	s, no or unknown)	(If yes, give	vor or dates of	f service)	SECURITY NO.	m	in	vi E:1	Jan	10	A	un	E.	
	19. 15	3.81			CAUSE OF D	EATH							PPROXIMATE	
	DISEAS	E OR COND	ITION DIREC	TLY	Carcir	oma of	co	1on with	parfo	rot	ion a	ba		
		LEADING TO	DEATH		(A)IMMEDIA			ZOII WICII	Perro	IaL.	LUII a	iiu		
	heort loilure	ot meon the , osthenio, etc. nplication which	It meons the	diseose,		TR WOODN	XERNE	XXXXXX						
		IVE CED EN IV	CAUSES		gene	ralize	b	peritoni	tic					
	DISEASES	NTECEDENT OR CONDITION E ABOVE CAI	ONS, IF ANY,	GIVING ING THE	(B)	OR AS A CO				*****			**************	and the first specifications of the specific of
z	UNDERLYIN	IG CONDITI	ON LAST.		(c)									
9			II				_							
CERTIFICATION	TO THE DEA	IIFICANT CON ATH BUT NOT CONDITION	RELATED TO	THE TERMI		T700000000000000			10000000000000000000000000000000000000					
ERT	20A. DATE OF	OPERATION	20B. CON	DITION	OR WHICH OPERATION	WAS PERF	ORME)			200	21. AUTO	DPS Y? (Yes	or No)
	21												Ve	2.5
CAL	22A. EXTER	NAL CAUSE			2B. PLACE OF INJURY(enome, form, foctory, street, come,				If in BaltIma	re City,	, giv e exoc	t locotion)		
(EDIC,	UTING CA	USE OF DEA												
Σ	22D. TIME OF INJURY (APPROX.)	(Month) (D	oy) (Yeor)		WHILE AT A	OT WHILE T	7 22F	HOW DID IN	URY OCC	UR?				
	23.		-17		HI, WORK A	T WORK								
	I cert	Ify that I h	eld an 1n	quiry [Inspection	Autopsy	X.	ond that on th	is basis,	death	In my o	plnion		
	result	ted from: N	aturol caus	es y	Accident Sui	cide			Jndetermi		anner			
	ACTUAL	SX	· \	7	1/1/6-			HEF MEDICAL E					DATE SIC	SNED
	SIGNATI	URE_			1 /	W.D.		ANT MEDICAL E		[3c]				
	EXAMIN NAME (1	110	lward F	. Wil	son,M.D.	-	ASSOC	IATE MEDICAL E	XAMINER			6/4/	69	
	A. BURIAL CRE	MATION, 2	48. DATE		24C. NAME of CEMETE	RY or CREA	MATOR	1 24D. 1	LOCATION	1 (0	City, town,	or county	(S	ote)
KE	BWILA	2	6-9	69	Moto Min	turnes	11	net !	BU	1/2	2	20		
25	A. DATE REC'D		DEPT.	258. N	AME OF REGISTRAR Bert E. Janer, M	2	SC FU	NERAL DIRECTO	OR .		AD	DRESS		
		1.7 mes 3	1969	1 166	sent E. Jaiber,	1.00	40	000/12/2/	chon	10	an 11	3	70.	1 40



BII	RTH NO.		MED	ICAL	LAA	MINERS	CERTIFI	CAI	E OF	DEAT	REG. NO.		
	NAME OF DEC	EASED					2. DATE	Know	n box	Month	Day	Year	Hour
LIA	pe or Print)	LOWIS	S PARE	ON			DEATH	Estim	noted 🗌	6	4	69	9:00 am
4.	PLACE IN BALT	TIMORE, MA	RYLAND, W	HERE PRO	NOUNC	ED DEAD	3. DATE			Month	Day	Yeor	Hour
HC	LL NAME OF OSPITAL INSTITUTION	(IF NO	T IN HOSPITA	L OR INSTIT	UTION, G	IVE STREET		UNCED		June	4.	1969	9:00 a M.
/	20	523 N.	Strick	er St			A. STATE				ed. If institution: B. COUNTY	residence b	efore odmission)
6.	SEX	7. RACE	oti ita			VER MARRIED	I C. CITY OF		yland		D. INSIDE CIT	Y LIMITS?	-00
	Male	Color	-ed	WIDOWE		DIVORCED						10	
9.	DATE OF BIRTH		10. AGE (In	years 1	f Under 1	Yr. if Under 24 Hrs.			MBER		YE	s 🗵 ı	VO []
	Irm.	1-1910	last birthdoy	0 "	tonths i D	ays Haurs Min.		3 N	Stric	cker S	4-		
11/	BIRTHPLACE (S	tote ar fareig			2. CITIZE	N OF	13. FATHER			ker 5	Ε.		
0	most.		In.	0	WHAT	COUNTRY?	No	D	0	0	10		
144	USUAL OCCU	PATION (Give	kind of work	4B. KIND	OF BUSIN	SESS OR INDUSTR	Y 15. MOTHE	R'S MAIL	DEN NAM	IE IE			
don	e during mast af w	arking life ey	en itretired				1/1/	nie	(b)	3110	4		
16.	WAS DECEASE	D EVER IN	U.S. ARMED	FORCES?		OCIAL	IB INFOR		- 10	owo j	AD	DRESS	
(Ye	s, no or unknown)	(If yes, give	or or dotes	of service)	-	SECURITY NO. 1-12-0134	may	rel	1100	15/11	u Las:		- 04
	19. 11	241	× 20	500	9	CAUSE OF DEA	ATH /		mer	70,704	v. orga		PROXIMATE INTERVAL
	DISEASE	OR COND	ITION DIPE	TIV	1	Arterio	sclerot	ic ca	ardiov	7950111	ar disea		EEN ONSET AND DEATH
		EADING TO				(A)IMMEDIATE		20 00	41 410	abcare	ar droca	50	
		ot mean the					AS A CONSEC	UENCE C	OF:				
	injury or cam	plication which	h caused dea	th.)		comp	licated	by o	liabet	es mel	llitus		
	AN	TECEDENT	CAUSES										
	DISEASES C	ABOVE CAL	ONS, IF ANY	GIVING		DUE TO, OR	AS A CONSE	QUENCE	OF:				
z		G CONDITI		ino inc		(c)							
5			II										
CERTIFICATION		IFICANT CON											
표	DISEASE OR	CONDITION	GIVEN IN PA	RT 1 (A).		100000000000000000000000000000000000000			******				
CER	20A. DATE OF	OPERATION	20B. CON	DITION FO	OR WHIC	H OPERATION W	'AS PERFOR!	MED				21. AUTOF	SY? (Yes or No)
AL	27A = W=== 1	101 001105		Tan									0
EDICA	22A. EXTERNUM UNDERLYING UTING ☐ CAL		TRIB-	hc hc	me, form	OF INJURY (e.g., foctory, street, affice	in ar abaut ce bldg., etc.)	NJURY C	PCCUR?	if in Baltimar	e City, give exac	t lacotian)	
Σ	22D. TIME (oy) (Year	(Haur)	22E.1N.	URY OCCURRED		2F. HOV	V DID INJ	URY OCCU	JR?		
	(APPROX.)			m	WHILE A		WHILE WORK						
	23.												
		fy that I he		quiry	Insp	pection XX Au	tapsy 📙	and t	hat on th	is basis,	death in my	pinian	
	result	ed fram: N	atural caus	XXzei	Accide	nt Suici		micide	_		ned manner		
	ACTUAL	1	1 01	11/1/	/	11		CHIEF M	EDICAL E	KAMINER			DATE SIGNED
	SIGNATU	RE /	med	MK	end	M.I	o. ASS	STANT M	EDICAL EX	KAMINER	XX		
	EXAMINE						ASS	CIATE M	EDICAL EX	KAMINER		, ,	
24	A. BURIAL CREM		ALD N.	KORN		M.D.	OF CREMAT	(PV)	240 1	OCATION		4,019	
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25.	A. DATE REC'D	JUN 5		25B NA	ME OF R	EGISTRAR	250	UNERA	L DIRECTO	R	AC	DRESS	HANDE E
		ann 9	1505	166	ديات كر	Farber, M.	o. Re	Lor	100	Ull	2001/1	W/Bn	auttelk
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69 5741 BALTIMORE CITY HEALTH DEPARTMENT

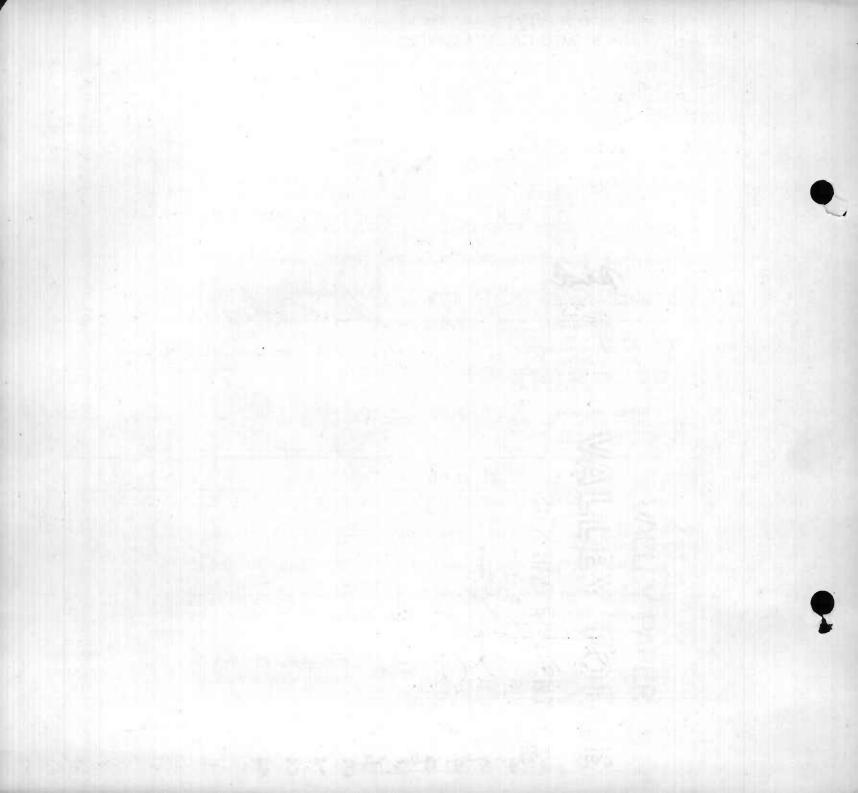
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. BIRTH NO. NAME OF DECEASED 2. DATE Knawn X Month Day Year Hour (Type or Print) DORTHY HUSKIN OF HASKIN Estimoted May 29 1969 DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Day Year Hour PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF 1969 May 29 8:05 A.M HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY 2701 West Fairmount Avenue Maryland 6. SEX C. CITY OR TOWN D. INSIDE CITY LIMITS B. MARRIED NEVER MARRIED WIDOWED YES X Female Negro DIVORCED L Baltimore NO L 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER Manths , Days , Haurs , Min. last birthday) 2701 West Fairmount Avenue 12. CITIZEN OF 11. BIRTHPLACE (State or fareign country) 13. FATHER'S NAME WHAT COUNTRY? 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME 16. WAS DECEASED EVER IN U.S. ARNED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) SIS- IN CAADDRESS SOCIAL SECURITY NO. B. INFORMANT LINDEW APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Carcinoma of urinary bladder LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)_ 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL CERTIFI DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) (Pertial) 22A. **EXTERNAL CAUSE WAS** 22B. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (If in Baltimore City, give exact location) home, farm, factory, street, affice bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH 22D. TIME (Month)
OF INJURY (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? (Yeor) WHILE AT NOT WHILE (APPROX.) AT WORK WORK (Partial) Autapsy X I certify that I held an Inquiry Inspection and that an this basis, death in my opinion resulted fram: Natural causes X Accident Hamicide Undetermined manner ___ CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER X SIGNATURE. **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER May 29, 1969 Charles S. Springate, M.D. NAME (Type) 24A, BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or sounly) REMOVAL (Specify) BURIXAL 25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS

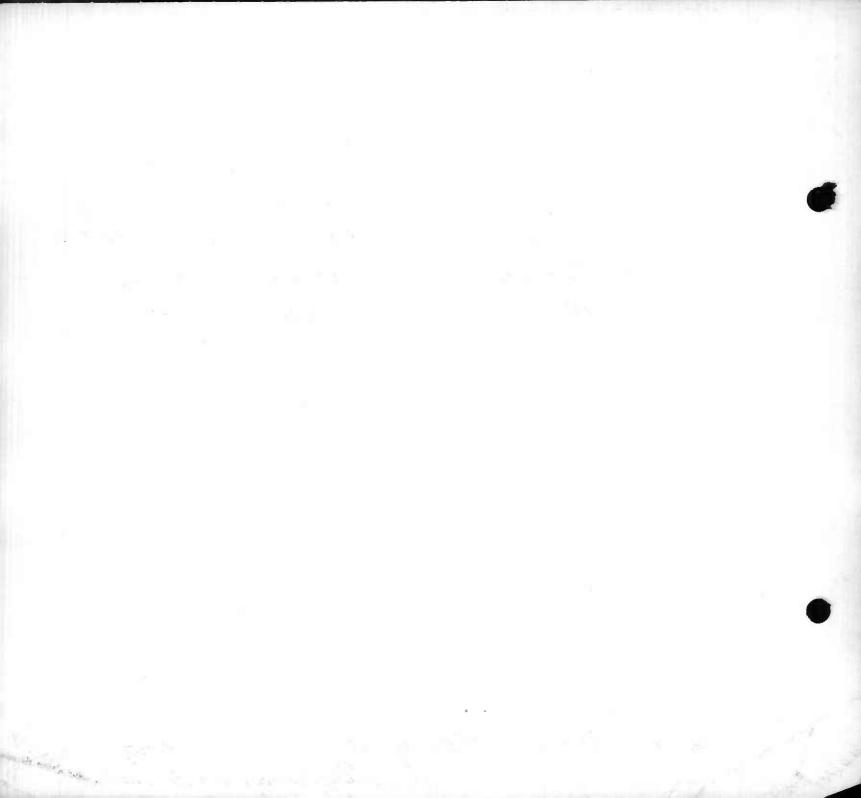
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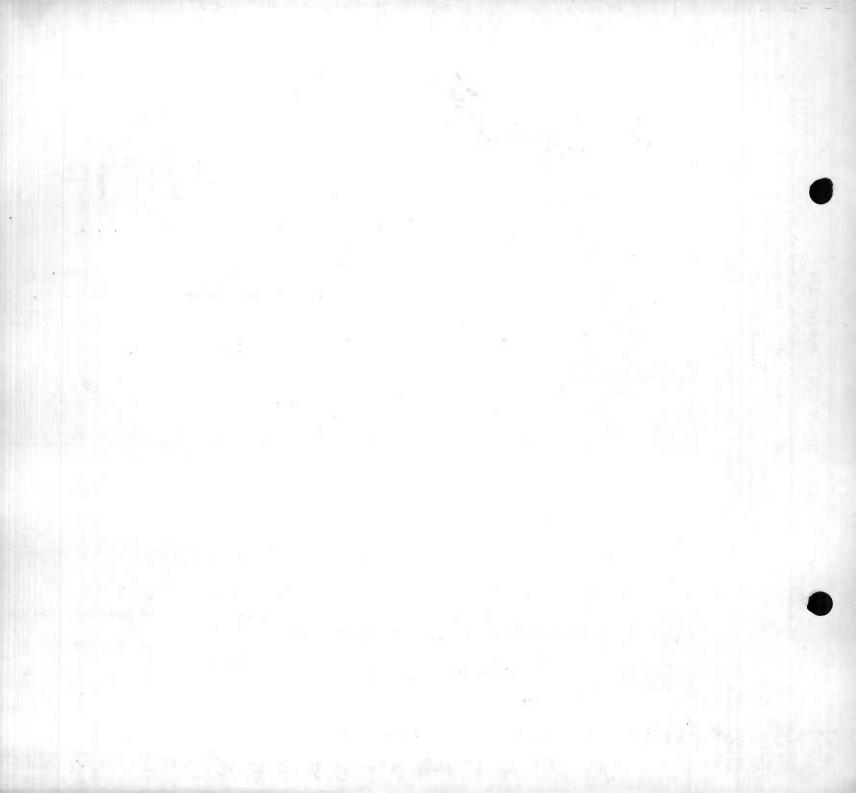
			69	574	2 BALTIMORE CITY HE	ALTH DEPA	RTMENT			63	0/40	4
			MED	ICAL	EXAMINER'S	CERTIFI	CATE OF	F DEAT	TH REG. NO			
BIE	RTH NO.								REG. NO			
1.	NAME OF DEC	EASED				2. DATE	Known 🗌	Month	Doy	Year	Hour	
(Ty	pe or Print) JAME	2.0			TOUNCON	OF	Estimated 又	1				
1			DVI AND V	VHEDE D	JOHNSON RONOUNCED DEAD	3. DATE	E311110100 125		Day	Year	Haur	M
	L NAME OF				THTUTION, GIVE STREET		UNCED DEAD	Manth	Day	rear	Muoi	
НО	SPITAL INSTITUTION		SS OR LOCA		MINOTION, GIVE STREET		RESIDENCE (Whe	June re deceosed	2,	1969		
D	Johns	Hopkin	s Hosp	ital		A. STATE	aryland		B. COUNTY	5	-01	
6.	SEX	7. RACE		B. MARI	RIED NEVER MARRIED	C. CITY OF	RTOWN		D. INSIDE C	ITY LIMITS?		
	male	negr			WED DIVORCED		Baltimore	,		(ES XX		
0 1	DATE OF BIRTI	negr	10. AGE (II		If Under 1 Yr. If Under 24 Hrs.		AND NUMBER			res 🕰	NO L	
7.	DATE OF BIRT	•	last birthda		Manths Days Haurs Min.							
			77				1209 Nola	n Cour	t, Apt.	2A		
11.	BIRTHPLACE (S	tate or foreig	n country)		12. CITIZEN OF WHAT COUNTRY?	13. FATHER	'S NAME					
1 4 4	HEHAL OCCU	DATION! (C:	- l:- i (11	14D MINI	MAN	/ 15 NOTH	DIC MAIDENLAI					
don	e during most of w	orking the ey	en if refried)	14D. KINI	D OF BUSINESS OR INDUSTR	I IS. MOTHE	K 5 MAIDEN NA	AME				
16.	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCE	S? 17. SOCIAL	IB. INFOR	MANT	1	A	DDRESS		_
(Y e	s, no ar unknawn)	(If yes, give	vor doles	af service	SECURITY NO.	16.	: 0	11	_			
		1/2				LAND	il por	un	Rex	um	1/2	
-	19.	2 11			CAUSE OF DEA	TH				AF	PROXIMATE THERVA	AL
	Dicrac	CON COND	ITION DIDE	CTIV			//				CELL OLIVE MIND DE	
		E OR COND LEADING TO		CILY	Arterio	sclero	tic Cardi	ovascu	lar Dis	ease		
		ot meon the			(A)IMMEDIATE						*****	
	heart failure	asthenio, etc	. It means the	diseose,	DUE TO, OR	AS A CONSEC	QUENCE OF:					
	injury ar can	plication whi	ch caused de	ath.)								
		NTECEDENT			(B)							
	DISEASES O	ABOVE CA	ONS IF ANY	, GIVING		AS A CONSE	QUENCE OF:					
		G CONDIT		iiivo int								
CERTIFICATION					(C)							
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ð		IFICANT CON								1.5		
正		CONDITION						***	****			to site site
7	20A. DATE OF	OPERATION	1 20B. COI	NDITION	FOR WHICH OPERATION W	AS PERFORM	MED			21. AUTO	PSY? (Yes or No)
S	951											
ب			3							1	(Partial	.)
EDICA	22A. EXTERI UNDERLYING UTING [] CA		TRIB-		22B. PLACE OF INJURY (e.g., home, form, foctory, street, affic	in or obout e bldg., etc.)	22C. WHERE DID INJURY OCCUR?	(If in Boltime	ore City, give ex	oct locotion)		
Σ			ay) (Year) (Hau	r) 22E.INJURY OCCURRED		22F. HOW DID II	NJURY OCC	UR?			
	OF INJURY	(-	(, (WHILE						
	(APPROX.)					ORK						
	23.			THE RE								П
	I cert	ify that I h	eld on I	nquiry [Inspection P.Au	top sy 🗶	and that on	this bosis	, deoth in my	apinion		
	av - ale	- 1 f M	la A con II a con	₹	Accident Suicio		omicide	II. determine	ined monner			
	resum	ed from: N	010101 600	363 4	Accident Suicio				Inea monner		7	
-		1111	2 /	1	_)_		CHIEF MEDICAL	EXAMINER			DATE SIGNED	
	ACTUAL	IDE MEL	YWY	20	M.C	ASS	ISTANT MEDICAL	EXAMINER	X		DAIL SIGILED	
	SIGNATU		**	1.1			OCIATE MEDICAL	EVAMINED		(5/3/69	
	NAME (T		Werne	er U	Spita, M.D.	A550	JCIAIE MEDICAL	ENAMINER				
24	A. BURIAL CREA		4B. DATE		24C. NAME of CEMETERY	OF CDEMAT	OPV . Into	. LOCATIOI	V (City to	n, ar county) (State)	_
	MOYAL (Specif		AD. DATE	1	24C. IVAME OF CENTETERY	CREMAI	240	, LOCATIOI	(CIV, law	ii, ar county	(State)	/
	Muss -	0	10-11	1 -10	1 mito	WIII	11	100	Ellen	re	100	
25	A. DATE REC'D	RV HEALTH	DEPT	1258 A	NAME OF REGISTRAR	250	FUNERAL DIREC	TOP		ADDRESS	114	1
201	DAIL NEC D			ACO	AC Z	125	11.	1/1		NOUNESS		,

VS 151-REV. 1/1/6B





VS 150-REV. 1/1/6B



	RTH NO. 69 5745 CERTIFICATE OF DEATH REG. NO. REG. NO.	9 5745
	NAME OF DECEASED ype or Print) 2. DATE AND HOUR OF DEATH 2. DATE AND HOUR OF DEATH	
3,	JOHNSON, ADDIE COOR PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: re	2:45 P
	A. STATE B. COUNTY	sidence belore odmiss
N H	ULL NAME OF OSPITAL OR INSTITUTION, GIVE STREET MARYLAND BALLS OR LOCATION D. INSIDE CITY OF TOWN D. INSIDE CITY OF	55-0
1	JOHNS HOPKINS HOSPITAL BALTIMORE VES TO	NO 🕅 X
	601 N. BROADWAY E. STREET AND NUMBER	23/
5.	BALTIMORE, MARYLAND 21205 1400 RUSTIC AVE.	
	Markie Never Markie 10 and 1	Ooys Hours Mir
10.	A. USUAL OCCUPATION (Give kind of work 108, KINO OF BUSINESS OR INQUISTRY 11, BIRTHEL ACE (Side of logica	EN OF WHAT COUN
do	ne during most of working life, even if retired) Houswall Bulk mult	LEN OF WHA! COUR
13.	FATHER'S NAME 14. MOTHER'S MAJOEN NAME	1.5/
	000000	
15.	Was Occoosed Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	ADDRESS
(16	es, no or unknown! Of yes, give wor or doles of service! SECURITY NO.	1
-	18. CAUSE OF DEATH	APPROXIMATE INTERV
	DISEASE OR CONDITION DIRECTLY	ETWEEN ONSET AND D
	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) IMMEDIATE CAUSE DUE TO OR AS A CONSEQUENCE OF.	
	heart failure, asthonia, etc. if means the disease.	
	ANTECEDENT CAUSES	
	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:	
	ins to the above cause (A) stating the	
	UNDERLYING CONDITION lost. (C)	***
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
CATI	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
CERTIFICATION	19A. OATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF CO.	CONSIDERED
CER	21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout \$21C. WHERE OLD (If in Boltimore City, give home, form, factory, street, affice bidg., INJURY OCCUR?	avect lecation)
CAL	21A ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout \$\tilde{E}\$1C. WHERE OIO home, form, foctory, street, affice bidg., INJURY OCCUR?	The secondity
MEDIC	210. TIME (Month) (Doyl (Yeon (Houn 21E, INJURY OCCURED 21F, HOW OLD INJURY OCCUR?	
Z	(APPROXI While At Work At Work	
		30 19 6
	tha (1)(we) lost saw the deceased alive an 100 19 69 and that in (my) (our) opinion death	
	and haur and from the couses stated above. (1) We) ((id) did not) view the body ofter deoth.	
	23A. SIGNATURE	SIGNED
	Med. Stoff Western Director Stoff Western Phys.	m3011
	23C. PHYSICIAN'S NAME (Type) 23D. ADORESS	
24	MATTHEW POLLHER MED. JOHNS HOPKIN	12 1400
241	A. BURIAL CREMATION, 24B. OATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City. town, or	countyl (State
6	smal 6-4-69 Ballo Mil Cert Ballo Mel	
13/	A. DATE REC'O BY HEAVITH DEPTING 258, NAME OF TREGITIRATE ALD 25C-FUNERAL DIRECTOR	AODRESS
	TO TO THE WORK ON WIND INDUSTRAL	with 11



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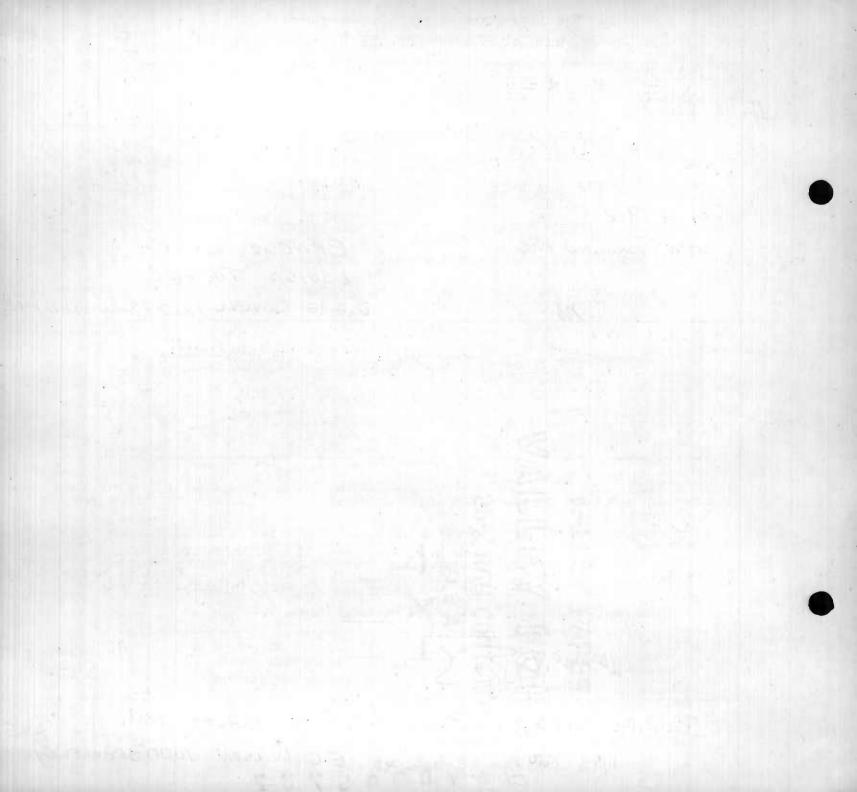
VS 151-REV. 1/1/6B

69 5746 BALTIMORE CITY HEALTH DEPARTMENT

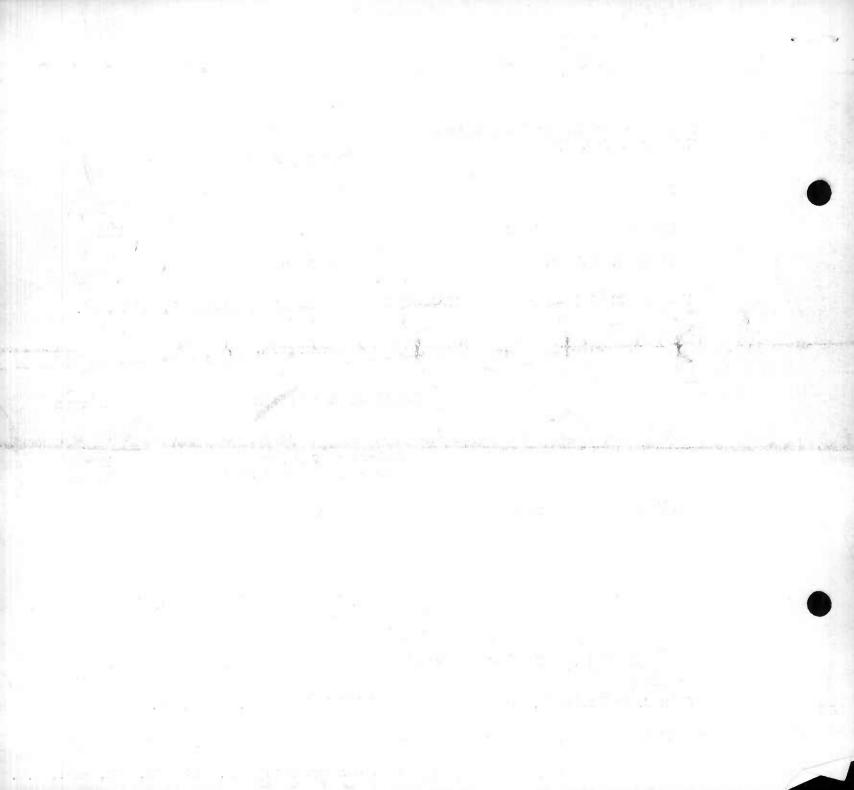
MEDICAL	EY A MINIED'S	CEDTIFICA	TE	OF	DE

69	57	4	6

BIRTH NO.	MEI	DICAL	EXAMINER'S	CERTIFIC	CATE OF	DEAT	H REG. 1	10	01	11
I. NAME OF D	DECEASED			2. DATE	Known 🔲	Month	Day	Yeor	Hour	
(Type or Print) LONNI	- BONN	IE	ELLIS	OF DEATH	Estimoted X					44
	BALTIMORE, MARYLAND,			3. DATE		Month	Day	Yeor	Hour	M.
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOC	TAL OR INSTI	TUTION, GIVE STREET		SIDENCE (When	May	26,	1969	UNK	M.
	neran Hospital	(DOA)		A. STATE Mary		6 0666 0360 1	B. COUN		-0	1
6. SEX	7. RACE	B. MARRII	ED NEVER MARRIED	C. CITY OR	TOWN		D. INSID	E CITY EIMITS?		
male	negro	WIDOWI	ED DIVORCED	Balt	imore			YES X	NO 🗆	
9. DATE OF BI	last birthd		If Under 1 Yr. If Under 24 Hrs. Months ; Doys ; Hours ; Min.		ND NUMBER 1 N. Pula	ski St	reet			
	E(State ar fareign country)	1	2. CITIZEN OF WHAT COUNTRY?	13. FATHER	RNES	10	-161	S		
			OF BUSINESS OR INDUSTRY	VIS. MOTHER			, ,			_
	of warking life, even if retired			20	NUISA	The second of the second	CKE		1 1998	
	ASED EVER IN U.S. ARMI wn) (If yes, give war q s, dote		17. SOCIAL SECURITY NO.	18. INFORM				ADDRESS		- 0.1
	no			DIAT	AE CO	VELL	181.	MAR	YLAN.	D MV
19.	731,1		CAUSE OF DEA	тн					PPROXIMATE IN	
DISE	ASE OR CONDITION DIR	ECTLY	Ananhyl	actic P	eaction t	o Peni	cilli	,		
400	LEADING TO DEATH		(A)IMMEDIATE C	AUSE						
heart fails	s not meon the mode of c ure, asthenio, etc. It means th complication which caused d	ne disease,	DUE TO, OR	AS A CONSEQ	UENCE OF:					
	ANTECEDENT CAUSES		(B)							
	S OR CONDITIONS, IF AN		DUE TO, OR	AS A CONSEC	PUENCE OF:					
UNDERL	YING CONDITION LAST.	AIIIVO IIIE	(c)							
OTHER SI	II GNIFICANT CONDITIONS	CONTRIBUTI	NG							
O THE D	DEATH BUT NOT RELATED TO	O THE TERMIN								
20A. DATE			OR WHICH OPERATION W	AS PERFORM	ED			21. AUT	OPSY? (Yes	or No)
0	The second							7	es	
ZZA. EXT	ERNAL CAUSE WAS	h	2B. PLACE OF INJURY (e.g., name, farm, factory, street, offic	e bldg., etc.) II	VIURY OCCUR?			e exoct location)		01
	CAUSE OF DEATH.		Doctor's offic		1005 W.		1100			
OF INJURY (APPROX.)		unk (Hour)	WHILE AT NOT	WHILE	2F. HOW DID IN		Ke	action to for col		cilli
23.	3/20/09	ONIX (m. WORK LAT W	VORK [A]	arter	. Injec	CLOII	101 001	u	
	ertify that I held on	Inquiry [Inspection Au	topsy X	ond that on t	this bosis,	deoth in	my opinion		
res	sulted from: Notural co	uses 🗌	Accident Suicid	de Ho	micide 🔲	Undeterm	Ined monn	er 🗌		
		1			CHIEF MEDICAL	EXAMINER			DATE SIG	NIED
ACTU		11	-M.D	ASSI	STANT MEDICAL	EXAMINER	X		DATE SIG	
EXAM	ATURE Werner E (Type)	U. S	itz, M.D.		CIATE MEDICAL	EXAMINER			5/27/	69
24A. BURIAL C	REMATION, 248. DATE		24C. NAME of CEMETERY			LOCATION	(City,	town, or county	() (Sto	ite)
REMOVAL (Sp		14/69	BALTO			BAG		Md.		AVE
25 A. DATE REC	O'D BY HEALTH DEPT.	25B. NA	AME OF REGISTRAR	25C. I	UNERAL DIRECT	OR \	1	ADDRESS		51



VS 150-REV. 1/1/6B



	CITY HEALTH DEPARTMENT
69 5748 CERTIFIC	CATE OF DEATH REG. NO. 03 5748
BIRTH NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF (DEATH)
(Type or Print) Krauss, FLORENCE	BERMAN 6/1/69 69 PM.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased fived, If Institution: residence before admission) A, STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Simai Hospital of Baltimore	BALTIMORE YES NO
	6939 MILBROOK PARK DRIVE, APT. T 2
S. SEX 6. RACE HITE NEVER MARRIED NEVER MARRIED DIVORCED	= 1 7/4 / 1/2
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDU	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) HOUSEWIFE AT HOME	NORFOLK, VIRGINIA U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOSEPH BERMAN	FRIEDA ?
IS. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS APT. T 2
NO 215-07-580	. I
18. 11 CAUSE OF E	DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	TE CAUSE Cinetro vocular besonday 5 hours
(This does not meon the made of dying, e.g., hearl failure, osthenio, etc. Il meons the disease,	OR AS A CONSEQUENCE OF:
injury ar complication which coused death.)	
ANTECEDENT CAUSES	
Districts on Contentions, in only, giving	OR AS A CONSEQUENCE OF:
rise to the above cause (A) stating the UNDERLYING CONDITION lost. (C)	
11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A, ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY	(e.g., in or about 21 C. WHERE DID (If in Boltimore City, give exact location) eet, office bidg., INJURY OCCUR?
▼ DEATH (notify medical examiner) etc.)	set, office blogs, injury occurs:
D 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURREI	D 21F. HOW DID INJURY OCCUR?
	t While Work
22. I certify that (I) (this hospital) attended the deceased from	B. (
that (1) (we) last saw the deceased alive an	19 69 and that in (my) (our) apinian death accurred an the date
and haur and fram the causes stated above. (1) (#e) (did) (dident	
23A, SIGNATURE	23B, DATE SIGNED
Herbrid Grendersteiner H.D.	Attending Med. Stoff 6-1-69
23C. PHYSICIAN'S	Phys. Director Phys. 23D. ADDRESS
HERBERT GUNDERSHEIMER	SINAI HOSPITAL
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY (REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (State)
BURIAL 6-3-69 BNAI JACOB	BALTIMORE, MARYLAND
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR ADDRESS ADDRESS ROAD
JUN 5 1969 Guiller Englander	SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD

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POLAND 1 .A.Z.H GWALGH THE STATE OF STATE OF STREET, MEASURED REPORTED BY STATE OF STATES OF STATES

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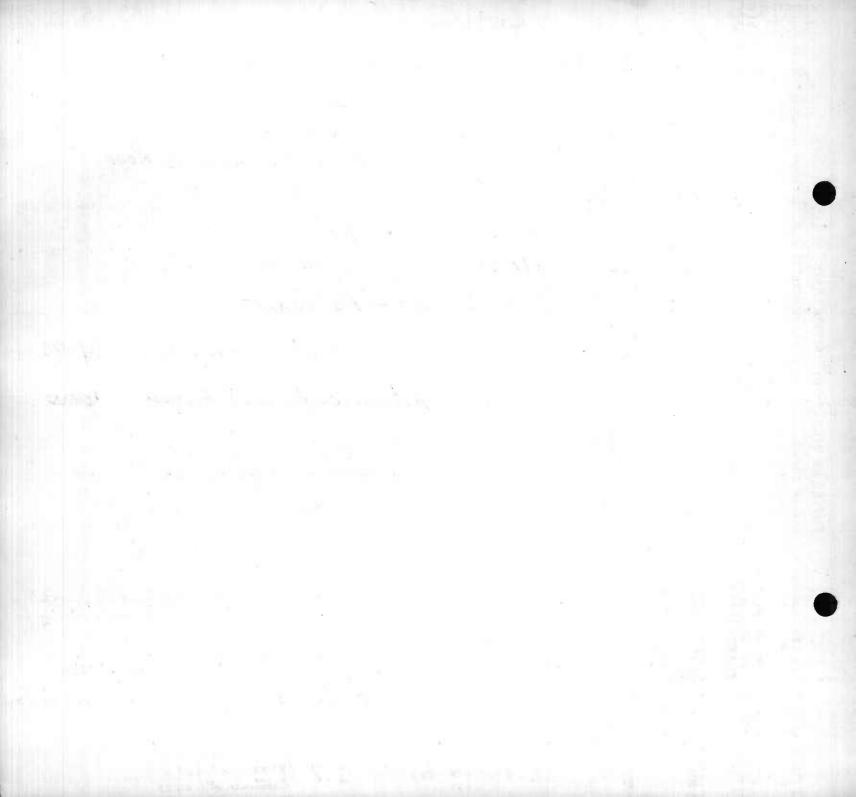
MUTAL SHOW O NOTE WHEN

BALTIMORE CITY HEALTH DEPARTMENT

AND STUDENTING SECTION

FUNERAL DIRECTOR: IMPORTANT

	BALTIMORE CIT	Y HEALTH DEPARTMENT	69 5751
DIDY	69 5751 CERTIFICA	ATE OF DEATH REG. NO.	00 0701
	'H NO. AME OF DECEASED	2. DATE AND HOUR OF DEATH	
	e or Print) Charles J. Culleto		7
3. P	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If in A. STATE B. COUNTY	stitution: residence before admissi
HO	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL OR ADDRESS OR LOCATION)	C. CITY ORNOWN D. INS	DE CITY LIMITS?
3	4 BON JECOURS HOSPITAL	E. STREET AND NUMBER	YES NO
		2019 KOLLINGWOOD	KOAD
3 5. s	MIDOWED DIVORCED	S. DATE OF BIRTH 5-11-91 9. AGE (in years lost birthday) 8	If Under 1 Yr. If Under 24 Months Days Haurs Min
tóA.	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR's during most of working life, even if retired) Accountant VS Martime Comm.	Y 11. BIRTHPLACE (State or foreign country)	USA
13. [FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	MICHAEL CulletoN	ANNIE DONO.	hue
	Was Deceased Ever in U. S. Armed Forces? "na ar unknawn" (If yes, give war ar dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	yes WWI 065-10-6214	4 Pts. Charet	
	18. 14 / 2 3 CAUSE OF DEA	TH	APPROXIMATE INTERVA
	DISEASE OR CONDITION DIRECTLY		
	LEADING TO DEATH	USE Congestive heart full	2 MARKS
	(This does not mean the made of dying, e.g., (A) IMMEDIATE CA	TUSE CONGESTIVE MEAN FINAN	M > Media
	hearl failure, asthenia, etc. It means the disease,	S A CONSEQUE CE OF:	
	injury or complication which caused death.)		
	ANTECEDENT CAUSES	rios Porotic heart disea	formation.
	(B) A	rioscierolle neare disea	se years
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	S A CONSEQUENCE OF:	
	rise to the above cause (A) stating the		
	UNDERLYING CONDITION last. (C)		
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	monary exiphysema	years
	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE	FINDINGS CONSIDERED
RTIF	WAS PERFORMED	Yes IN CERTIFYING CA	USES OF DEATH?
ш	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in ar about 21 C. WHERE DID (If in Baltima	re City, give exact lacation)
	OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.)	affice bldg., INJURY OCCUR?	
		21F. HOW DID INJURY OCCUR?	
AEDI	OF INTURY		
2	(APPROX.) While At Not Whi	k	
\mathbb{H}			7 - 3 1969
	22. I certify that ((this hospital) attended the deceased from	5-14 1969 10	19.4
	that (1) (we) last sow the deceased alive an 6 - 3	19 6 1 and that in (my) (our) op	inion death occurred an the
	ond hour and from the couses stoted above (We) (did) (did not)	view the body offer deoth.	
	23A. SIGNATURE		23B. DATE SIGNED
	Ch. Other was be	Hending Med. Staff hys. Phys.	6-3-69
	23C. PHYSICIAN'S	23D. ADDRESS	000
	NAME (Type)	45 11 70	28/11/2 11
	U. SANGKUM. GEGRE	DONACOURS 405p. de	w. tayeste.
24A	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of C		ity, tawn, or county) (Stat
	REMOVAL (Specify)		
	Burial June5,1969 Balto. Natio	onal Cemetery Baltimor	e, Maryland
2SA	DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REGISTRAR	25C. FUNERAL DELETARG Juneral Esta	ADDRESS ADDRESS
	(161 - 1060 D. A.F. G. C. M.)	10 17 7 1360 Edmonden A	
	150-REV. 1/1/68 1969 Querts E. Jacky 48	7 736 Edmondson Ave Catonsville, Md. 2122	



VS 151-REV, 1/1/6B

24A. BURIAL CREMATION,

25A. DATE REC'D BY HEALTH DEPT.

REMOVAL (Specify) **Burial**

24B. DATE

June 6

25B. NAME OF REGISTRAR

Singleton auneral

24C. NAME of CEMETERY or CREMATORY

1969 Glen Haven Memorial Park Glen Burnie.

24D. LOCATION

(City, tawn, or county)

(State)

Marvland

Glen Burnie.

ADDRESS

25C. FUNERAL DIECETO

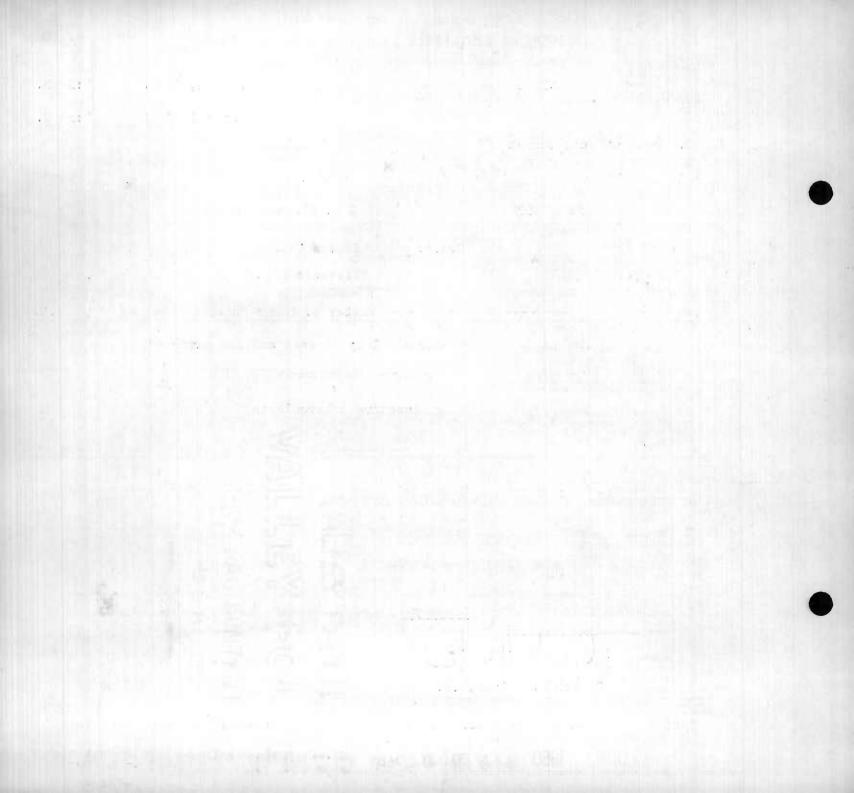
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68)	5	7	6 23

- 1	69 5753 BALTIMORE CITY HEALTH DEPARTMENT	69 5753
652	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	03 3733
	1. NAME OF DECEASED (Type or Print) EDWARD CAIRNS 2. Date OF DEATH Constructed	Yeor Hour 2:50 P. M.
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 3. DATE Month Doy PRONOUNCED DEAD June 3, 196 5. USUAL RESIDENCE (Where deceased lived. If institution)	34.1
6	6. South Chester Street A. STATE Maryland B. COUNTY	2-01
		TY LIMITS?
	9. DATE OF BIRTH 8-16-1916 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER Manths, Doys Hours Min. 2 S. Chester Street	
	11. BIRTHPLACE (State or foreign country) New York New York 12. CITIZEN OF WHAT COUNTRY? U.S.A. Edward Cairns 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY) 15. MOTHER'S MAIDEN NAME	
	done during most of working life, even if retired) ??? Elizabeth Flynn	
	(Yes, na arunknawn) (if yes, give war or dates af service) SECURITY NO. Walter B. Cooke Funeral Home,	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, osthenia, etc. It means the disease, injury or camplication which caused death.) CAUSE OF DEATH Chronic lung disease and far advanced (A) IMMEDIATE CAUSE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (8) INACTIVE tuberculosis DUE TO, OR AS A CONSEQUENCE OF: (C) (C)	
	O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes ar No)
	228. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (If in 8altimore City, give example 22N. WHERE DID (I	ct lacation)
	22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY (APPROX.) WHILE AT NOT WHILE THE WORK AT WORK	
	I certify that I held an Inquiry Inspection X Autopsy and that on this basis, death In my	
/	resulted from: Natural causes X Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) Edward F. Wilson, M.D. Resulted from: Natural causes X Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER DESCRIPTION OF THE PROPERTY OF THE P	DATE SIGNED
	24A. BURIAL CREMATION, REMOVAL (Specify) Burial 6-7-1969 St. John's Queens, New York	
	IIIN 5 1969 A Res Cold R. Wm. Cook-Brooks Towson, 1	DDRESS 050 York Road owson, Maryland 24

VS 151-REV. 1/1/68

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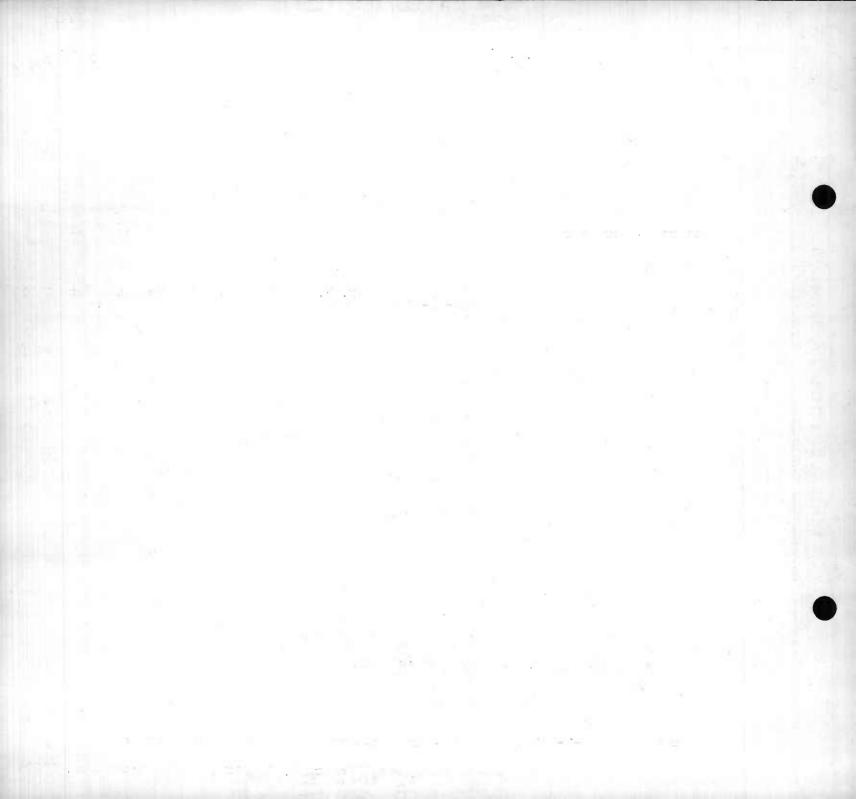


IMPORTANT

FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



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00 5	BALTIMORE CITY	HEALTH DEPARTMENT		
69 5	755 CERTIFICA	TE OF DEATH	REG. NO.	69 5755
BIRTH NO. 1. NAME OF DECEASED		2. DATE AN	ID HOUR OF DEATH	1
(Type or Print) PETER C	DARD	/	MAY 31,	1.969 10:25 p. M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD	A. STATE B. COUN	re deceased lived. If i ITY	institution: residence before afmission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	C. CITY OR TOWN	AND D. IN	SIDE CITY LIMITS?
1		BALTIM	TORE	YES NO
10 ldshor Tom Norsing	Homis	E. STREET AND NUMBER 922 N.		ST
5. SEX 6. RACE 7. AAADD	RIED NEVER MARRIED		9. AGE (In years	If Under 1 Yr If Under 24 Hrs.
Male Negro WIDON	WED DIVORCED	1-20-85	last birthdoyl	Months Doys Hours Min.
tOA, USUAL OCCUPATION (Give kind of work 10 B, KIN) done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of fore	ign country)	12, CITIZEN OF WHAT COUNTRY
Referred	Noul	S. Carol	line	N.) . 4.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Unknow		Umban	~	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of servi		17. INFORMANT		ADDRESS
M/	SECURITY NO.	Irddie Pa	41 681 N	A Marcal So
18. // / 0 9 1	CAUSE OF DEATH	64911 (01)	ra 3771.	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
LEADING TO DEATH		C - 11 - 2 - 11 7	Harmah &	- 21-
(This does not mean the made of dying,	e.g., (A) IMMEDIATE CAU	CONSEQUENCE OF:	hrombos 1	S 2days
hearl foilure, asthenio, etc. It means the dise	ase,	CONSEQUENCE OF .		
ANTECEDENT CAUSES	(B)	***************************************		
DISEASES OR CONDITIONS, if any, gi	ving DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the abave couse (A) stoling UNDERLYING CONDITION lost.	(C)			
ll .	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	NG ·			
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL			
19A. DATE OF OPERATION 198. CONDITION F	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(If in Boltime	pre City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, farm, factory, street, off	ice bldg., INJURY OCCUR?		
O 21D-TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
S OF INJURY	While At Not While			
(APPROX.)	MAY-II AA MAY-II		4.0	
22. I certify that (1) (this bespital) attend	ed the deceased fram	March 19	1967 ta	May 31 1969
that (1) (we) last saw the deceased alive	on Mar 28	1969 1 and th	at in (my) (ewr) as	Union death accurred on the date
and haur and fram the causes stated abov		- 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
23A. SIGNATURE	(i) (as) (did) (one not) V	ew the body offer death.		23B, DATE SIGNED
	T MD AHE	nding Med.	Staff -	0. / 1919
Wheehom B. Hu	DEGREE Phys	Med. Director	Phys. \square	June 1, 1767
23C. PHYSICIAN'S NAME (Type)		3D. ADDRESS	- R - , A	OT he
ABRAHAM B. HUR	DEGREE	7501 Leberty	1 1024 01	comme ma.
24A. 8URIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME OF CEMETERY OF CRE	MATORY 24D. L	OCATION	City, town, or county) (State)
BURIAL 6-5-69	MT. Auburn	6 m -	relte.	hod.
	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	1	ADDRESS
JUN 5 1969 Jul	Bert E. Galler A.D.	25170	Or W, 65	on 1000 Bulley
VS 150-REV. 1/1/68		-		file

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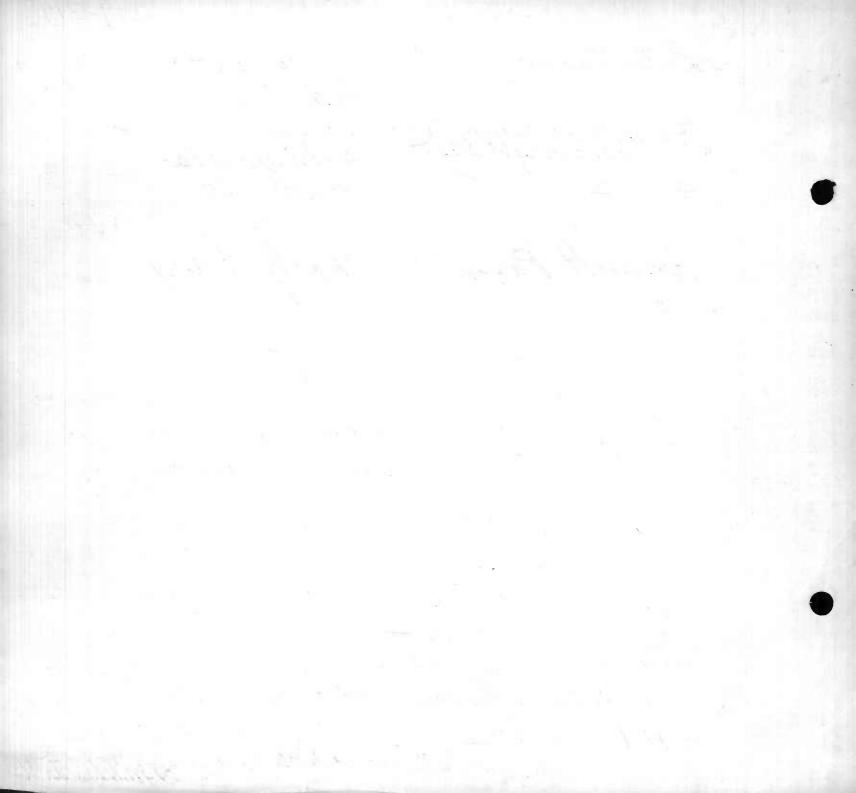
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IMPORTANT

DIRECTOR:

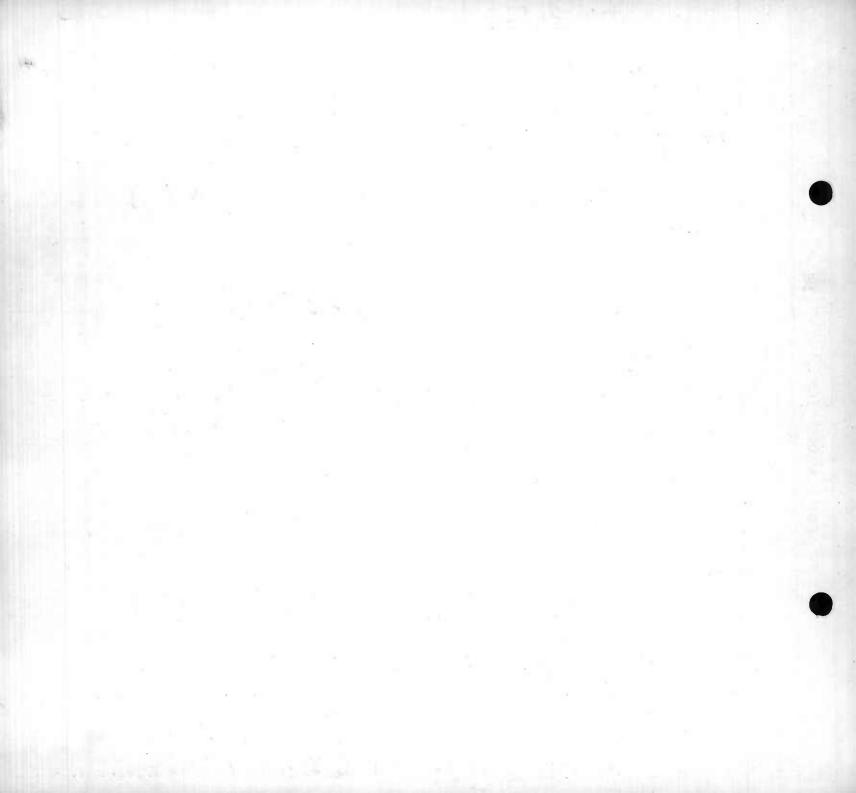
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VS 150-REV. T/1/6B

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1-	and cath the sweeth	1 69 3/30	ATE OF DEATH REG. NO. 69 5759			
		(Type or Print) CLARA TAYLOR	JUNE 5 1969 5-30 Am.			
	hospital ise of (5) Dece ance or death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. II institution: residence before admission) A. STATE B. COUNTY			
	hospi nuse o i; (5) D dance	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MD. C. CITY OR TOWN D. INSIDE CITY LIMITS?			
	d in a ing cause; attend	33 THE JOHNS HOPKINS HOSPITAL	BALTIMORE E. STREET AND NUMBER 1748 N. Gay STREET			
_	ribut ined ular ular	5. SEX 6. RACE 7. MARRIED NEVER MARRIED				
	occur ontrib ermin regul eased is ma	FEMALE NEGRO WIDOWED DIVORCED	8-17-12 lost birthday) Months Days Hours Min.			
	ath condete	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) HOUSEWIFE	Y 11. BIRTHPLACE (Stole or loreign country) 12. CITIZEN OF WHAT COUNTRY? Lawrenceville, Va. U.S.A.			
	de Unu	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
Z	direct direct (; (4) U th we dispose	STEVEN RAVIS	MAMIE GREEN			
A		15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give wor or doles of service) SECURITY NO.	17. INFORMANT Mary A. Manning ADDRESS			
RT	th th Kin	No 166-28-0001	3818 Park Hgts. Ave. Balto., Md. 21215			
IMPORTA	S G	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH			
OR: IA	examiner or hi examiner. Also, 3) A fracture of n who pronoun n regular atter in regular atter	injury or complication which caused death.)	ON CONSEQUENCE OF:			
DIRECTO		nse la lhe above cause (A) slaling lhe	STATIC CA UF GALL BLADDER			
	medical berns; (hysicia n was i	UN DERLYING CONDITION tast. (C)	AL FAILURE			
FUNERAL	Bod the	198. DATE OF OPERATION WAS PERFORMED WAS PERFORMED.	20 A. AUTOPSY? (Yes or No.) 20 R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
H	he he	OR CONTRIBUTING CAUSE OF CAUSE OF DEATH (notily medical examiner)	in or about 21 C. WHERE DID (If In Boltimore City, give exact location) lince bidgs, INJURY OCCUR?			
	hos natu	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not Work Work Not Work	21F. HOW DID INJURY OCCUR?			
	the the land name and obta	22. I certify that (1) (this hospital) attended the deceased from	5/6 19 67 to 6/5 19 69			
	to to of of of th)	that (1) (we) last saw the deceased alive an	19 69 and that In(my) (our) aplalan death accurred on the date			
	ust be a sased to dent of lospital death) must be	and haur and from the causes stated abave. (1) (We) (dld) (dld not)	View the body ofter death.			
	must eleas ccide a hos to de		ending Med. Stoff A 6-5-69			
	0 0 2 2 2	VERNON T. TOLO M.D.	THE JOHNS HOPKINS HOSPITAL			
	certificat sody was rs: (1) An D.O.A. at ased pric	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	And the second s			
	bod Ws: D.G	Transit-Burial 6-8-69 // Poplar Mt. Bapt.	Church Ceme. Lawrenceville, Virginia			
	This cert the body shows: (was D.O decease written	VS 150-REV. 1/1/68 JUN 6 1969 Sept E. Waller M.	Lawrenceville, Virginia			
		VS 150-REV. 1/1/68 JUIL 1				

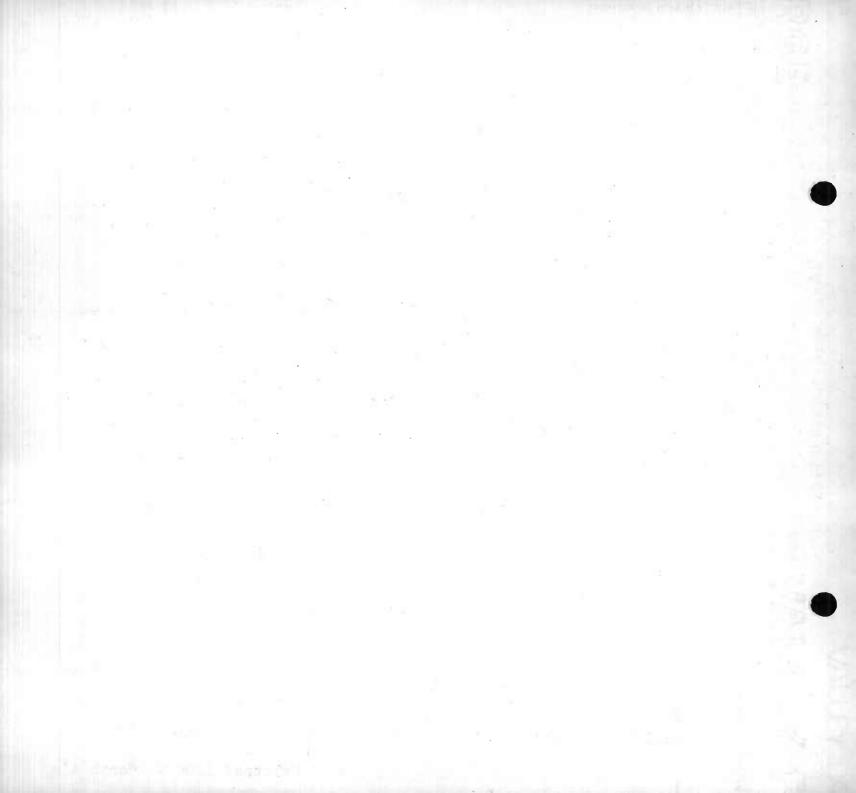


death

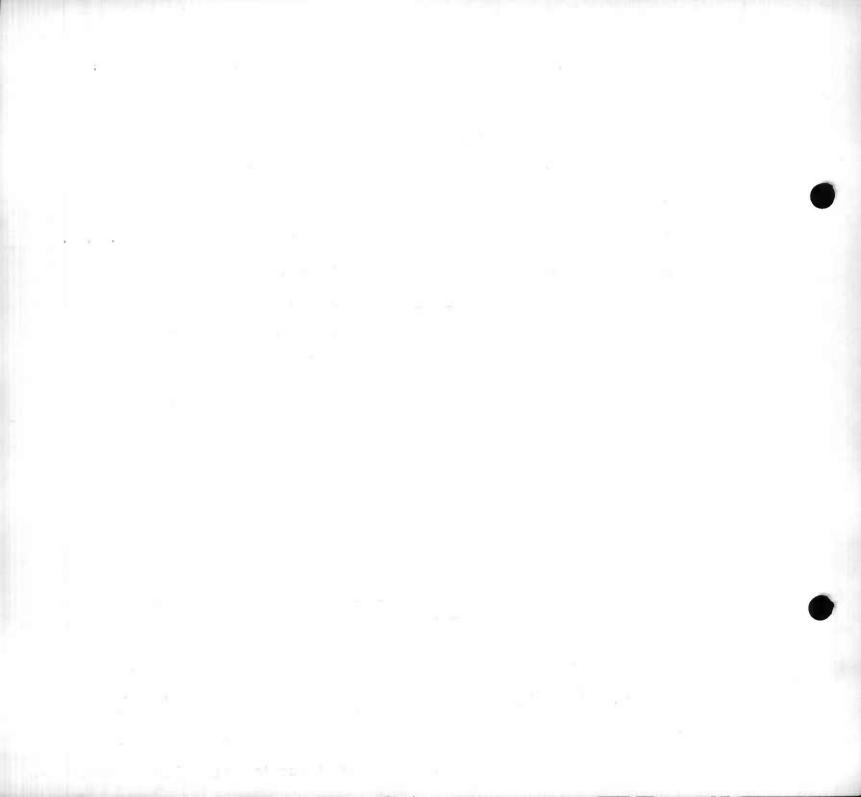
IMPORTANT

DIRECTOR:

FUNERAL



			BALTIMORE CITY	HEALTH DEPARTMENT		69 5761
BIRTH NO.	69 5761		CERTIFICA	TE OF DEATH	REG. NO	00 0701
1.NAME OF DECE	Teasley, V				6-4-69	1:00 p
3. PLACE IN BALTI	MORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. Il in	nstitution; residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	Maryland c. CITY OR TOWN		14-02
2 C,	Provident	Hospita	1	Baltimore		YES NO
2/	1514 Divis			E. STREET AND NUMBER		
	Baltimore,	Marvla	nd 21217	1614 McCu	lloh Street	
5. SEX 6	RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr II Under 24 Hrs
Female	Negro	WIDOWED			lost birthdoyl 57	Months Days Hours Min.
	ATION (Give kind of work			11. BIRTHPLACE (Stote or fore	ian country)	12. CITIZEN OF WHAT COUNTR
done during most of wo	orking lile, even if refired)					THE CHILLIAN COUNTY
Unemplo	•			Virginia		U. S. A.
13. FATHER'S NAM	E			14. MOTHER'S MAIDEN NA	ME	
John	Henry Bey	renlar		Blanche		
15. Was Deceased E	ver in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Tes, no of unknown)	ll yes, give wor or dote	s of service)	216-10-124	Willie Teasley	(Husband)	
18.410.	9		CAUSE OF DEAT	H		APPROXIMATE INTERVAL
	OR CONDITION DIR	RECTLY		1.		BETWEEN ONSET AND DEAT
	EADING TO DEATH		(A) IMMEDIATE CAL	A CONSEQUENCE OF:	val	
(This does not	meen the mode al sthenia, etc. Il means	dying, e.g.,	DUE TO, OR AS	A CONSEQUENCE OF:	· landala	770
injury or compl	ication which coused	death.)		2-	Jugari	un
1A	TECEDENT CAUSES		(Using FLO	Juxard sillales	れ
DISEASES OR	CONDITIONS, if	onv. giving	(B)	A CONSEQUENCE OF:		
rise to the	obove cause (A)					
UNDERLYING	CONDITION last.		(C)	************************		
_	11				***	
OTHER SIGNIFIC	ANT CONDITIONS COL	NTRIBUTING				
DISEASE OR COL	NDITION GIVEN IN PAR	T 1 (A).	***************************************		************************	***************************************
OTHER SIGNIFIC TO THE DEATH DISEASE OR COI	PERATION 198 CON	DITION FOR V	WHICH OPERATION	NO	10 CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
	WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(If in Boltimor	e City, give exoct locotion)
& DEATH (notily m	NG CAUSE OF	hom elc.)	e, form, foctory, street, o	fice bldg., INJURY OCCUR?	•	,,,
U .	Month! (Day) (Year)	/// 1 01 F				
S OF INJURY	vionini (Day) (Teon		INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX)		Wor	le At Nol While			
22. I certify th	ot (1) (this hospital) attended ti	ne deceased from 5	-18-69	19to6-	4-69 19
	st sow the deceose			*		nion deoth occurred on the dot
					~ intmy tour opi	decili occurred on the dor
23A. SIGNATURE		ed obove. (I) (We) (dld) (dld not) v	lew the body after deoth.		
23A. JIGITAT GRE	1	200	No.	adia — Mad —	c. # —	23B, DATE SIGNED
	Alle	NEO	DEGREE Phys	nding Med. Director	Staff Phys.	6-4-69
23C. PHYSICIAN NAME (Typ	br. Gregori	Fenge			nt Hospital	
24A. BURIAL CREM.	ATION 1248 DATE	V	DEGREE	MATORY 124D 14		timore, Maryland
Burial (Sp.	6/9/69		akwood Ceme		ichmond	Virginia (Sidia)
25A. DATE REC'D B		258. NAME C	F REGISTRAR	250 FUNERAL DIRECTOR)	ADDRESS
	((N) a 1000	20.0	E. Jaber, M.D.	AdoIphus H	alstead 1	206 W North AVe
VS 150-REV. 1/1/68	JUN 6 1303	June			,	



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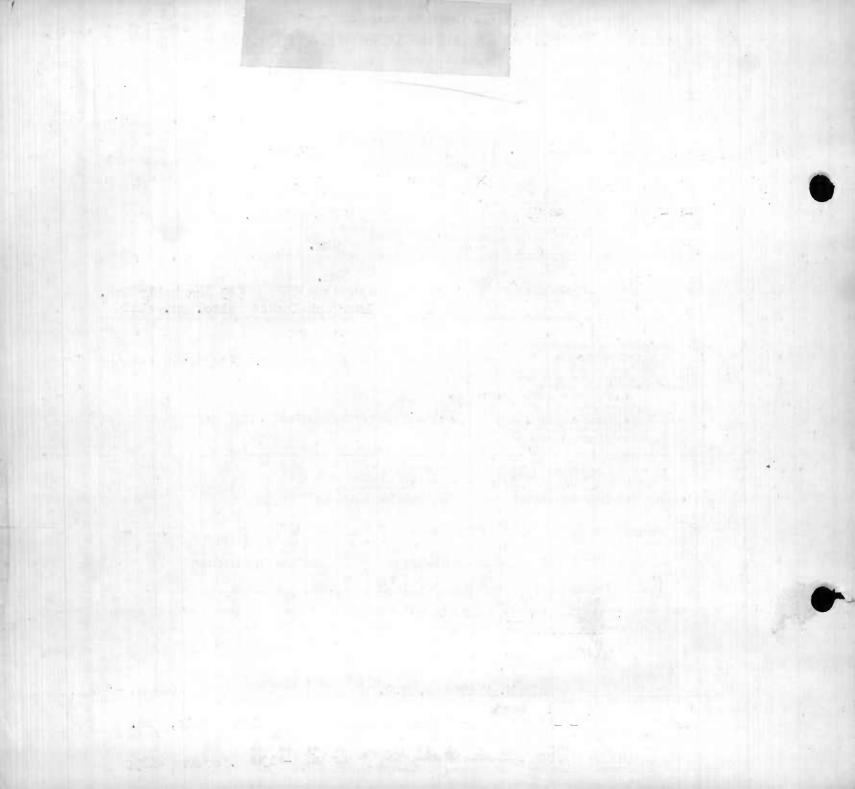
VS 150-REV, 1/1/68



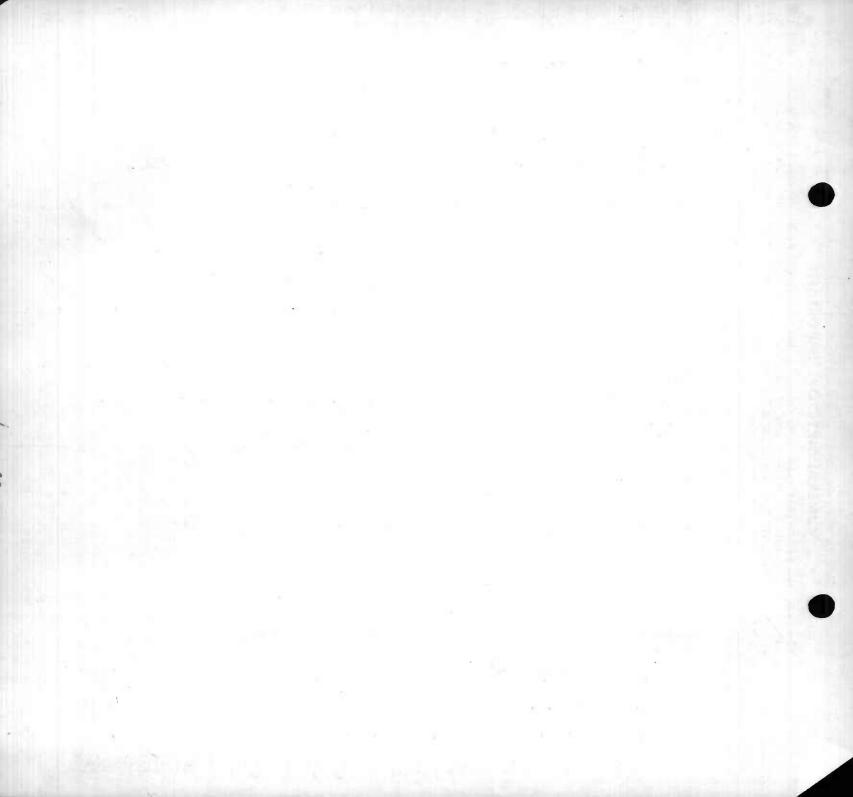
69 5764 BALTIMORE CITY HEALTH DEPARTMENT

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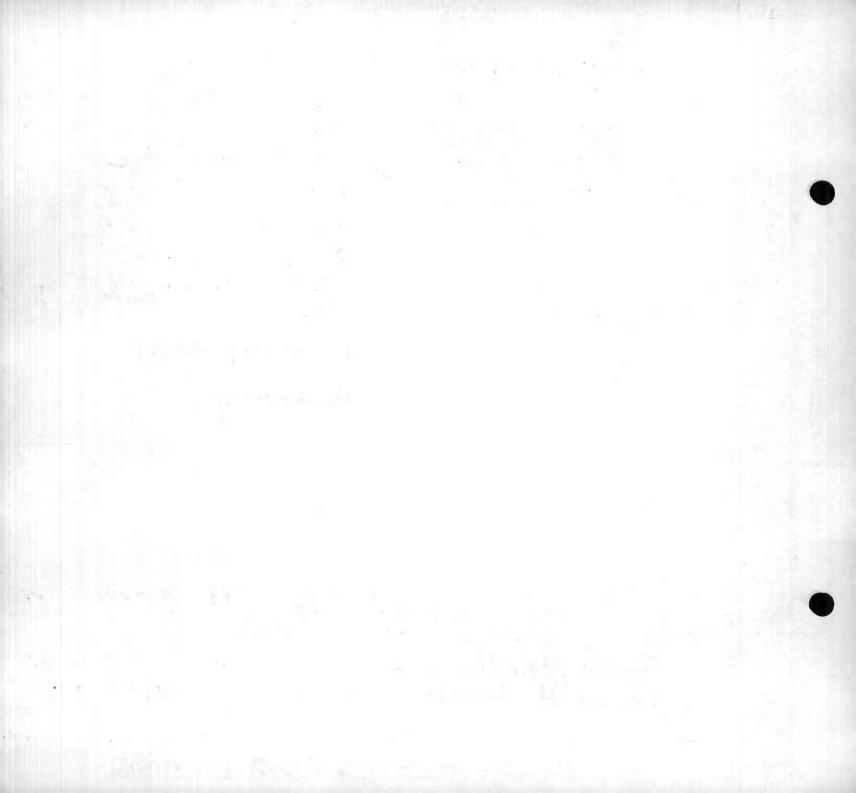
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(Type or Print)								OF		-		Doy	Year	Hour	
4 PI			CHELHA		RONO	JNCED DEAD		ATE	Estimated		6 Month	Day Day	69 Yeor	9:35	a _M .
	NAME OF					N, GIVE STREET			NCED DEAD		-			0 05	1
HOSP			SS OR LOCA				6 11	CILAL DE	CIDENICE (V		June	4,	1969		a.M.
OK III	3111011011						A. S		SIDENCE (M	here		ed. If institution B. COUNTY	: residence l	petare admissi	an)
1			Abell						Marylar	nd			10	1.00	6
6. SE	X	7. RACE		B. MARI	RIED [NEVER MARRIED	☐ C. C	ITY OR I	IOMN			D. INSIDE CI	TY LIMITS?		
	Female	White	2	WIDO	WED X	DIVORCED		Ba	lto.			YE	SX	NO 🗆	
9. DA	TE OF BIRTI	1	10. AGE (In	years		er 1 Yr. If Under 24 h		TREET A	ND NUMBER	R					
9	-10-189	95	last birthda	73	MODIII	S Days Hours N		1137	Abell A	1770					
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0	anada				W	HAT COUNTRY?		Uk	n.						
	anada	PATION (Giv	e kind af work	14B. KINI		JSINESS OR INDUS	TRY 15.			NAN	NF.				
done	luring mast of w	orking life, ev	en if retired)								-				
	ousewi		II C ADMED	FORCE	Hom	The state of the s	10 1	Ukn			200 A	2 2 8	annere.		
(Yes, r	/AS DECEASI no or unknown)	(If yes, give	war or dates	of service	3(7. SOCIAL SECURITY NO.		NFORM.				nnabel4			
N			1000			X	Eln	ner S	chelhau	136	Balto	• md. 2			
19	110	2 11				CAUSE OF I	EATH							PROXIMATE INTE	
	DISEAS	E OB COND	ITION DIREC	TIV											
		LEADING TO		. 1 . 1			TE CAUSE	Art	ariacci	lar	otic c	ardiova	5011 27	dicas	60
	(This daes n	ot mean the	made of dy	ing, e.g.,					ENCE OF:	LCL	OLIC C	ardrova	Scalar	. araca	20
			. It means the ch caused dec												
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		NTECEDENT				(B)	05.46.4	CO. 110.00			****				
	RISE TO THE	ABOVE CA	ONS, IF ANY USE (A) STAT	, GIVING ING THE		DUE 10,	OR AS A	CONSEQ	UENCE OF:						
z		G CONDIT				(c)									
호			11												
<u> </u>			NDITIONS CO												
띹			GIVEN IN PA												
CERTIFICATION	A. DATE OF	OPERATION	V 20B. CON	IDITION	FOR V	HICH OPERATION	WAS PE	RFORME	D				21. AUTO	PSY? (Yes ar	No)
														No	
₹ 22	A. EXTER	NAL CAUSE	WAS		22B. Pt	ACE OF INJURY	.a., in or	about 22	C. WHERE D	ID (if in Boltimor	e Cltv. give exa	ct location)	140	- 7
잉니	INDERLYING	OR CON	TRIB-		hame,	form, lactory, street,	office bldg.	, etc.) IN	JURY OCCU	R?			,		
	TING CA			1 /11	1 122	Thilley Occupa	-	22	F. HOW DID	1811	LIDY OCCI	IDSE.			
0	FINJURY	(Manin) (L	Day) (Year) (Hau	′	ILE AT	OT WHILE		r. HOW DID	IIII	URT OCCU	ist/			
	APPROX.)						T WORK				11/				
23						4773			0 10		:/				
	I cert	ify that I h	eld on l	nquiry		Inspection	Autopsy		ond that d	n th	is bosts,	deoth in my	opinion		
	result	ed from: N	laturol cau	ses XX	Ac	cident Su	icide 🔲	Hor	micide	t	Indetermin	ned monner			
		1	/	11	, 1,	100		С	HIEF MEDIC	AL'E	XAMINER			DATE CLOSE	
	ACTUAL	DE / 6	weg	11	1	and	14.5	ASSIS	TANT MEDIC	ALE	XAMINER	XX		DATE SIGNI	ED
	SIGNATU				1		M.D.	ASSOC	CIATE MEDIC	AI E	YAMINER				
	NAME (T		Rona	1d N	Ko	rnblum, M	D.	73300	CIAIL MEDIC	~L L	APATHI VER	June	4, 19	69	
	BURIAL CREA	MATION, 2	4B. DATE	14 41		NAME of CEMETE		EMATOR	RY /* 2	4D. I	OCATION		, ar county)
	OVAL (Specif	y)	1	10	-	77.	3 1			03	. D.				
	Burial		6-7-19			.en Haven (jemet				.en Bur		ld.		
25 A.	DATE REC'D	1, 1	10000	- 4	NAME (OF REGISTRAR	~	25C. FI	UNERAL DIR	LOIC	OR .	A	DDRESS		
		JUN 6	1969	1	العيا	E. Varber M	() .C.	McC	wily]	130	E.For	tAve 21	230		
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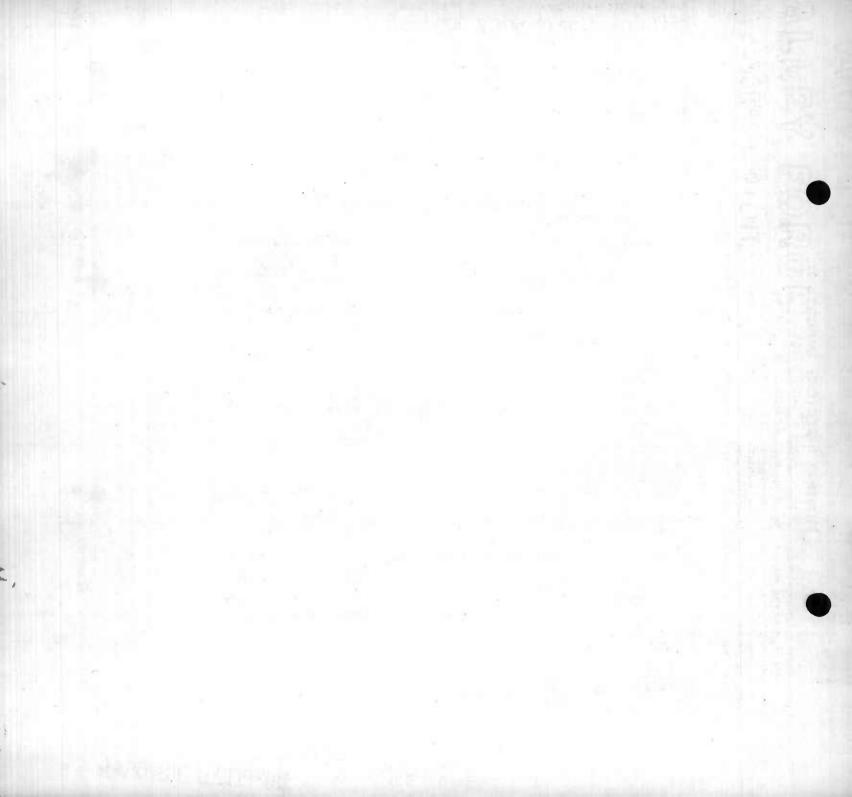


VS 150-REV. 1/1/6B



SAB-54-32-13	69 5766 CERTIFICATE OF DEATH REG, NO. 69 5766
and eath ased the Such	BIRTH NO. 64-09299 CERTIFICATE OF DEATH
	(Type or Print)
5 % 6 %	3. PLACE IN BALTIMORE MARYLAND, WHERE PROHOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before odmission) A. STATE B. COUNTY
sse (5) an	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARLIAND #650 8-05
n a he caus use; (; tenda	BALTIMORE CITY HOSP BALTIMORE VES NO [
ting ting d cau d cau	4940 EASTERN DUE
urre ibut ibut ibut ibut ade	S. SEX 6. RACE 7. MADDIED NEVED MADDIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. , II Under 24 Hrs.
occurre ontribut ermined regular eased p	emale Vegro WIDOWED DIVORCED 28 May 69 0 5
th co co lete	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (\$toto or Toreign country) done during most of working life, even if relired) 12. CITIZEN OF WHAT COUNTRY?
dea Und as i	MARYLAND USA) 13. FATHER'S NAME
T = 1 × + + sods	ROBIN LIVINGSTON
IMPORTAN' or his assistant Also, if the di oof any kind; ounced death aftendance on	15. Wos Deceased Ever in U. S. Armed Forces? (Yos, no or Unknown) (If yes, give wer or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT RECORDS. BGH: 4940 Eastern Ave. 17. INFORMANT RECORDS. BGH: 4940 Eastern Ave. 18. H. KALLED BALTO CITY HOSP
s ass any ced any ced or f	18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
his so, of our ten	DISÉASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE RES PIRATORES ARREST
0 7 2 5 0 1	(A) IMMEDIATE CAUSE RESPIRATORS ARREST (This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease,
CTOR: taminer. A fractu	injury or complication which coused death.)
CTC am ami A fr /ho /ho	DISEASES OR CONDITIONS, if ony, giving (B) DUE TO, OR AS A CONSEQUENCE OF:
exe (3) an w in ms ar ar	rise to the obove couse (A) stoling the UNDERLYING CONDITION lost. (C)
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
NERA hief me a mec Sody bu he phy sician	U 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
3 2 4 5 5	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (o.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location)
tal tal her Vo	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
S S S S S S S S S S S S S S S S S S S	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
ng học	Work At Work
the the control of	22. I certify that (B) (this hospital) attended the deceosed from 28 MAY 19 69.
be all to	that (I) (we) lost sow the deceased alive on 2 19 6 ff and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.
_ = = = = = = = = = = = = = = = = = = =	23A. SIGNATURE DA ALL DATE SIGNED
must eleas ccide 1 hos to de	Lawell Hallen Market Phys. Amending Med. Shoff Phys. 2-June-69
was rada at at at at at aprior	23C. PHYSICIAN'S NAME (Type) LOW QLL H KALLEN 23D. ADDRESS 4940 Eastern Avenue, Britimore, Md. BALTO, CITY HOST 21224
E (< 4 T P	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stoto)
This certif the body shows: (1) was D.O deceased	Cremated 6/4/69 Baltimore City Hospitals 4940 Eastern Avenue, Baltimore, Md.
This cer the bod shows: was D.d decease	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS TIME 1969 Sold Box Faller Co. 1969
F + 4 > 0 >	VS 150-REV. 1/1788 S 1969 June & Marsey Red. 5 HOSPITAL DISPOSAL





BALTIMORE CITY HEALTH DEPARTMENT

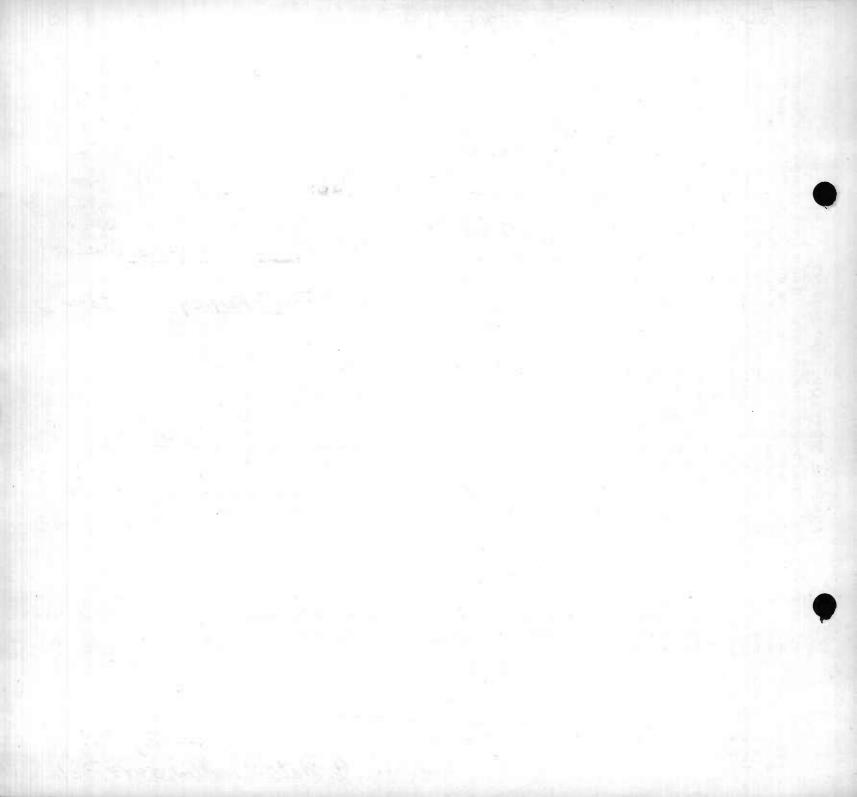
IMPORTANT FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

If Under 1 Yr. Months Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Baltimore City, give exoct location) and that in (my) (our) opinion death occurred an the dote

10:15

NO



VS 150-REV. 1/1/6B

		T HEALTH DEPARTMENT		69 5769
69	5769 CERTIFICA	ATE OF DEATH	REG. NO	00 0/03
NAME OF DECEASED			ID HOUR OF DEATH	
Tuna as Drint)	Cromwell		ne 4, 1969	9 h
B. PLACE IN BALTIMORE, MARYLAND, WI		4. USUAL RESIDENCE (When		stitution: residence before admission
	L OR INSTITUTION, GIVE STREET	Maryland	ΤΥ	9-01
Visitution / Union Memorial		Baltimore	D. INSI	YES A NO
## 33rd and Calve	-	E. STREET AND NUMBER 559 E. 38th S	treet	
SEX 6. RACE	* MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 H
Female Caucasian	WIDOWED TO DIVORCED	1-29-1895	tost birthdoy)	Months Doys Hours Min.
OA, USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTR		gn country)	12. CITIZEN OF WHAT COUNT
Clerk	Insurance	Virginia	127	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
J.H.Bramberr		Annie Go	uldman	
5. Was Deceased Ever in U. S. Armed Ford Yes, no or unknown) (If yes, give war or dates	es? of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No	216-07-0942	Kathleen B. Daw	son 3611 Woo	odlea Avenue 2121
18./	CAUSE OF DEA	TH		APPROXIMATE INTERVA
DISEASES OR CONDITIONS, if crise to the above couse (A) UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONDITION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19A. DATE OF OPERATION 19B. CONTINUAL PART	STORING (C). C.	S ACONSEQUENCE OF:		
19A. DATE OF OPERATION 19B. CONI	OITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE F	INDINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218, PLACE OF INJURY (e.g. home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	(If in Boltimore	e City, give exact location)
21D.TIME (Month) (Doy) (Year) OF INJURY (APPROX.)	(Hour) 21 E. INJURY OCCURRED White At Not William Not		URY OCCUR?	
22. I certify that (I) (this haspital) that (I) (we) last saw the decease and haur and from the causes state	d alive an 6-3-49	19and th	19ta	- 4 - 6 9 19 Ilan death accurred an the c
23A. SIGNATURE	Cape M. Ferle	tending Med. Director	Staff Phys.	23B, DATE SIGNED 6-4-69
23 C. PHYSICIAM'S NAME (Type) C.W. Peal	ce.	23D. ADDRESS 4508 Harford	Road	
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of C			ly, town, or county) (State
REMOVAL (Specify) Burial 6-6-196		ial Park Ba	ltimore, Mar	ryland
5A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAP	25C FUNE AL DIRECTO		ADDRESS 1050 York Rd.212

. -7 -

MEDICAL EXAMINÉR'S	CERTIFIC	CATE OF	DEATH	REG. NO.	69	5770	
DANNIS	2. DATE OF DEATH	Knawn Estimated	Manth	Day	Year	Haur	M
MARYLAND, WHERE PRONOUNCED DEAD NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	3. DATE PRONOU	NCED DEAD	Manth Tune	Day 3	Year 1969	Haur 6:05	Α.

BIRT	H NO.														
1. N (Type	AME OF DEC					DANNIC	2. DATE		Knawn 🗍 Estimated 🎗		Manth	Day	Year	Haur	
	MICH					DANNIS	DEAT		Estimated A	٢٠					М.
FULL	NAME OF	(IF NO	ARYLAND, V DI IN HOSPIT. ESS OR LOCA	AL OR INSTI			3. DATE		ED DEAD		June	3,	1969	6:0	5 A _M .
ORI	NOITUTITZN						A. STATE			here de		ed. Il institution B. COUNTY	: residence b	elare admi	ision)
1	2828		y Aven	1e				aryla					d	/ /	
6. \$		7. RACE	* *			VER MARRIED	C. CITY					D. INSIDE CI			
	male		ite	WIDOWI	ED LX	DIVORCED L		alti				YI	SX	40 <u> </u>	
9. D	ATE OF BIRTH	-1	10. AGE (I last birthdo			Yr. II Under 24 Hrs. ays Haurs Min.			NUMBER Oakley		enue				
	RUSSIA	tate ar farei	ign cauntry)	1	2. CITIZE WHAT	N OF COUNTRY? S.A.	13. FATH	IER'S N							
	during mast of w	arking lile, e	ven il retired)		OF BUSIN	NESS OR INDUSTR	Y 15. MOT	HER'S	MAIDEN	VAME					
	SELF E				.UMBEF	2		VKNO							
	NAS DECEASI					OCIAL SECURITY NO.	18. INF						DDRESS		
- 1,					219	1-10-8603	IMRS.	ADR	<u> IENNE</u>	BAS	LIN.	3052 E			207
	9. 4/6	2,4				CAUSE OF DEA	ТН							ROXIMATE IN	
			DITION DIRE	CTLY		Arteri	oscle:	roti	c Card	liov	ascu.	lar Dise	ease		
		LEADING T	O DEATH made of dy	ing e.g		(A)IMMEDIATE			65.65						
	heart lailure,	asthenia, et	c. It means the	disease,		DUE TO, OR	AS A CON:	SEQUEN	CE OF:						
		NTECEDENT OR CONDIT		Y GIVING		(B)	AS A CON	ISEQUE	NCE OF:						
_	RISE TO THE	ABOVE CA	TONS, IF AN AUSE (A) STA TION LAST.	TING THE		(c)									
Ó			П												
CERTIFICATION	TO THE DEA	ATH BUT NO	NDITIONS C	THE TERMIN								***************			
R					OR WHIC	CH OPERATION W	AS PERFO	RMED					21. AUTOI	SY? (Yes	ar Na)
	21												1	y	ES
2	UNDERLYING UTING CA		NTRIB-	2	28. PLACI name, larm	E OF INJURY(e.g., , factary, street, alli	, in ar abau ce bldg., etc	22C. INJU	WHERE DI	ID (II I	n Baltimar	e City, give exc	ict lacation)		
Σ	22D. TIME ((Day) (Yea	r) (Haur)	22E.IN	JURY OCCURRED	T WHILE	22F.	HOW DID	INJU	RY OCCL	JR?			
	(APPROX.)			- 1	m. WORK		WORK								
		ify that I l	held on	nquiry [1	A.	topsy		nd that o	n this	bosis,	death In my	opinion		
	result	ed fram:	Naturol cau	ses X	Accide	Suici	de 🗌	Homic	ide 🗌	Ur	determi	ned manner [
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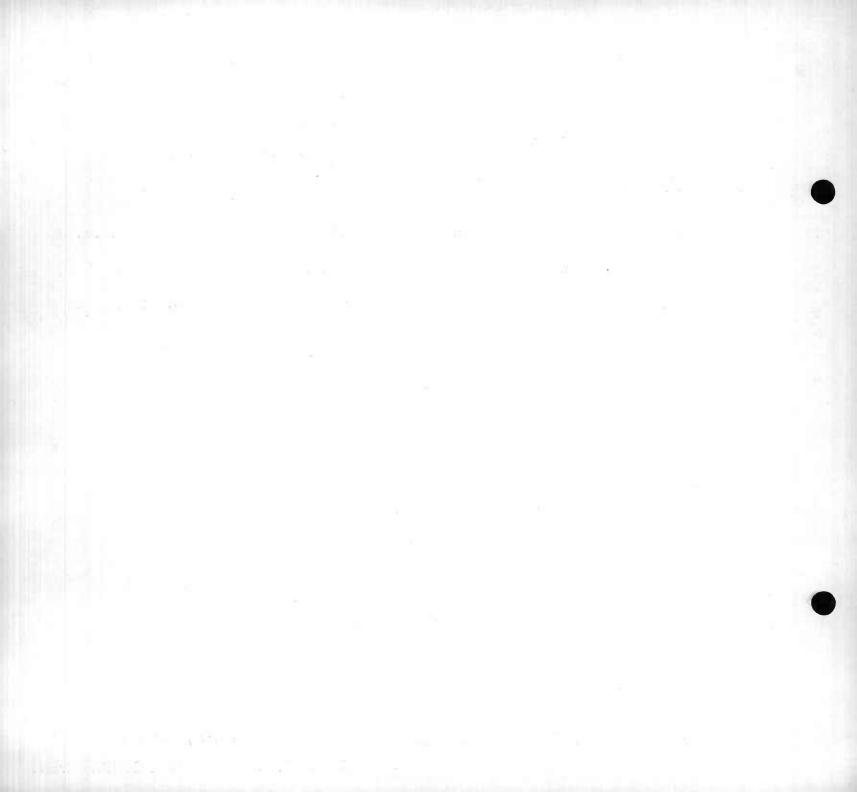
			BALTIMORE CIT	Y HEALTH DEPARTMENT		(1)
	6	59 57	71 CERTIFICA	TE OF DEATH	REG. NO.	69 5771
BIRTH NO.			CLINTITICA			
NAME OF DEC	EASED				AND HOUR OF DEATH	
Type of Tillin	Kathe	erine	C. Palm	Ju	ne 3, 1969)
3. PLACE IN BAL	TIMORE MARYLAN	D, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (WA. STATE B. CO	here deceased lived. If	institution: residence before admission
FULL NAME OF	(IF NOT IN H	OSPITAL OR IN	STITUTION, GIVE STREET	Maryland	ONT	7-01
NSTITUTION				C. CITY OR TOWN		SIDE CITY LIMITS?
Copy	HEHU	RIN	milital	Baltimore		YES 🔀 NO 🗌
44					adison St.	
SEX	6. RACE	7- MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., II Under 24 Hrs Months; Doys Hours Min,
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House	working life, even if re	etired)	dess tarte dess dess dess dess dates	Marylan	.d	U.S.A.
FATHER'S NA	ME			14. MOTHER'S MAIDEN N	IAME	
J	James J.	Gall	agher	Mar	y Stever	ıs
. Was Deceased	Ever in U. S. Arm	ed Forces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
No	(If yes, give wor	or dotes of servi	213-50-7470	Robert Pal	m 2920 E.	Madison St.
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	OR CONDITIONS, e abave cause			S A CONSEQUENCE OF:		
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TO THE SELE	FICANT CONDITION					
	TH BUT NOT RELATED CONDITION GIVEN I		IAL			
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OR CONTRIBL	TING CAUSE O	F	home, lorm, foctory, street, etc.)	office bldg., INJURY OCCUR	, (It in bolling	ore City, give exact location;
21 D. TIME	(Month) (Doy)	(Yeor) (Hour)	21E. INJURY OCCURRED	21F. HOW DID	NJURY OCCUR?	
OF INJURY			While At Not Wh			
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			on 5/20/69			ofnian death accurred an the da
and haur one	d from the cause	s states above	e. (1) (%) (dhd) (dld nat)	view the body after deat	h.	
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Burial Cre	MATION, 248. DA Specify) 6/	7/69	UNDAT DEGREE	23D. ADDRESS 24D REMATORY 24D Ome tery 25C. FUNERAL DIRECT	Baltimore o Stevens	Gity, town, or county) (Stote) , Maryland

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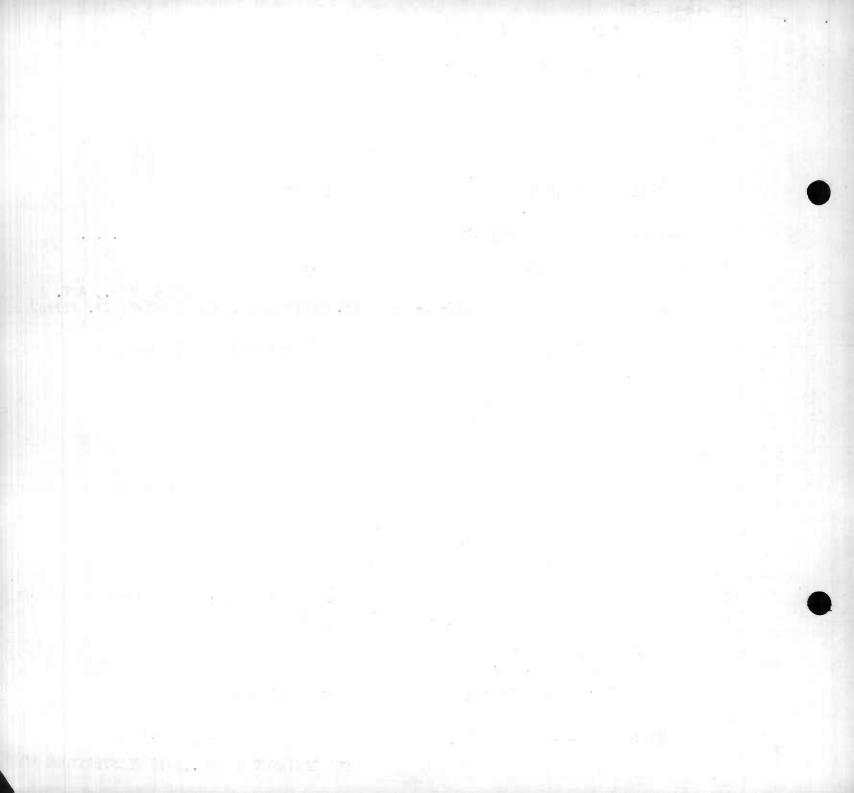
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UNTIL ALC	65	5772	CERTIFICA	ATE OF DEATH	REG. NO		3116
IRTH NO. NAME OF DE	CEASED Robe		arr	2. DATE	AND HOUR OF DEATH	6-11-69	
ERTI GET NAME OF IOSPITAL OR	FICATE IN NOT IN HOSPIT ADDRESS OR LOC	TAT OR INSTITUTION	DED N. GVE STREET	4. USUAL RESIDENCE (WA. STATE B. CO Maryland C. CITY OR TOWN	UNTY	institution: resident	35
NOITUTION	altimore Ci		-9-69 ital	Baltimore		YES Z	NO 🗌
31 B		ave Bal		E. STREET AND NUMBER			
Male	White	7. MARRIED #	DIVORCED	9/4/15	9. AGE (In years last birthday) 53	If Under 1 Yr. Months Doys	Hours Min.
A. USUAL OCC ne during most of ecurit	CUPATION (Give kind of wor f working life, even if refired) y Guard	Western	Electric	Maryland	oreign country)	U.S.	A.
FATHER'S NA	AME	-	-	14. MOTHER'S MAIDEN N	IAME		4
				Marie Beck	ett		
. Was Decease es, no or unknow	d Ever in U. S. Armed Fo	ices?	SOCIAL SECULITY NO.336	17. INFORMANT			RESS
Yes	War II	2.	CAUSE OF DEA		3007 R		AVE
OTHER SIGNI	OR CONDITIONS, if the abave couse (A) IG CONDITION last. I I I I I I I I I I I I I I I I I I I	stating the	(C)	hyperdia s a consequence of:			
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	nd from the causes sta		(e) (did) (did nat)	view the body ofter deot	h. Staff	23B. DATE SIQ	
/	rotton la	may	DEGREE Ph	ys. Directar 🗀	Phys. —	0/0	707
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	A+HAN LI EMATION, 24B. DATE (Specify)		deokte	23D. ADDRESS 2101 Harp REMATORY 200	and Rd.	Balto., city, town, or cou	md. 212 nty) (Stote)

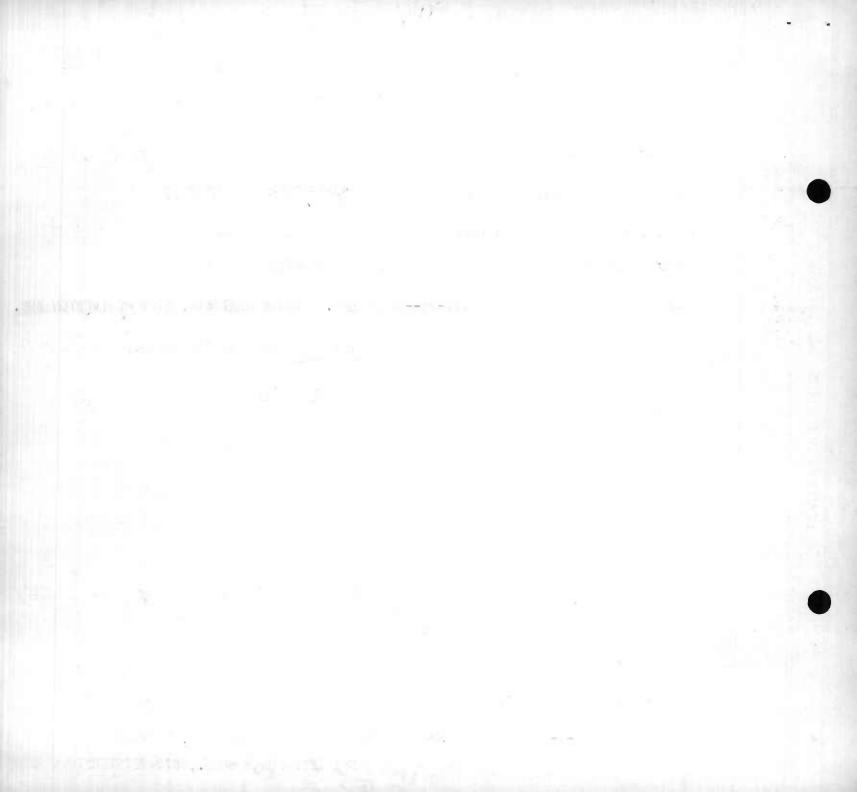
Statement from Dr. Nathan Janney, attending Phaysician 6-9-69 M.H.



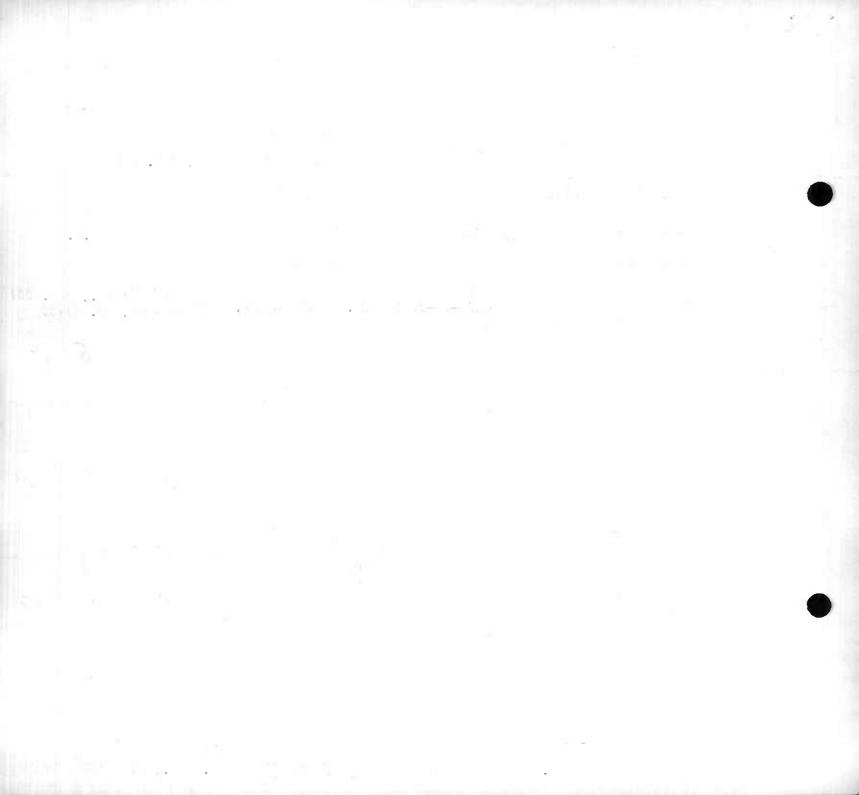
BALTIMORE CITY HEALTH DEPARTMENT

FUNERAL DIRECTOR: IMPORTANT





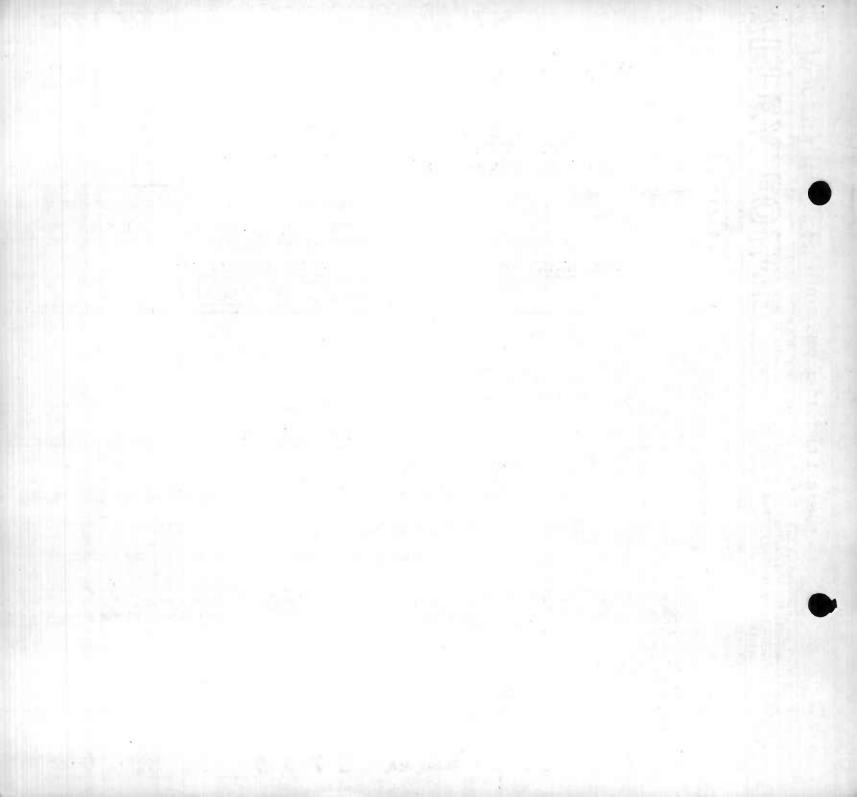
	BALTIMORE CITY	HEALTH DEPARTMENT
		TE OF DEATH REG. NO. 69 5776
	1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	June 4, 1969 5:30 Am. 4. USUAL RESIDENCE (Where deceased fived. If institution; residence before admission)
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	MARY LAND Bults
	WDDKE33 OF TOTALION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	Si Hable Rite	BALTIMORE YES NO
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E	EMALE WIDOWED X DIVORCED	B. DATE OF SIRTH 9. AGE (In yeors last birthdow) Months: Doys Hours Min.
si no	IOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 1 done during most of working life, even if refired)	1. BIRTH/LACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
disposition	HOUSEWIFE AT HOME	RUSSIA U.S.A
spo		4. MOTHER'S MAIDEN NAME
	DAVID LEVINE 15. Was Deceased Ever in U. S. Armed Forces? 14. SOCIAL 17. Security No.	DINA ETA ? 7. INFORMANT ADDRESS
final		8607 GRAY FOX RD. APT. 201
0	DISEASE OR CONDITION DIRECTLY	IRS. DURIS SHUGAK, RANDALLSTOWN MD. 21133 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
balmed	LEADING TO DEATH	A. J 4 0. [[] 00
pali	IThis does not meen the mode of dying, eg. DUE TO, OR AS A (injury or complication which caused death.)	CONSEQUENCE OF:
E	ANTECEDENT CAUSES	Bonnela
910	DISEASES OR CONDITIONS, if any, siving DUE TO, OR AS A rise la the above cause IA) stoling the	CONSEQUENCE OF:
suins	ONDERLTING CONDITION last.	***************************************
remai	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	+ C/C/4: 100
her	DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1998. CONDITION FOR WHICH OPERATION	
Te t	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
betore	U 21A ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY (e.g., in of the contribution of t	or about 21 C. WHERE DID (II in Bollimore City, give exact location)
	21D-TIME (Month) IDoy) (Yeor) (Houd 21E INJURY OCCURRED	e Vewish Cangalescentas Nursty Home
dined	[APPROX] 5/25/69 7, While At Work At Work	Fall
0	22. I certify that (this hospital) attended the deceased from	May 25 19 69 to June 4 19 69
1 00	and hour and from the causes stated above. (We) (did)	19 and that in (our) apinion death accurred on the date
musr	23A. SIGNATURE	23 R. DATE SIGNED
0	23G. PHYSPELANTS & Meanh by DEGREE Phys.	Director Phys. C
approva	23C. PHYSTEIAN'S DEGREE 1320 VOSEPH E. Mark MD	Sing: Moontel of Belt
	24A. BURIAL CREMATION, 24B. DATE 24G. NAME of CEMETERY OF CREMA	TOIL OF THE THE
ritten	BURIAL 6-5-69 HEBREW YOUNG MEN	BALTIMORE, MARYLAND &
A	JUN 6 1969 JUNE E. Harber A. D.	SUL ZEVINSON & BROS. INC., 601 OREISTERSTOWN RD
- 1	VC 150-DEV 1/1/40	LO - MI TIME THE TOTAL OWN KD



69	5777	BALTIMORE CITY HEALTH DEPARTMENT
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BIRTHNO. NAME OF DECEASED (Type of 100) NAME OF DECEASED (Typ	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 69 5777
Committee Comm		12 DATE Known X Month Day Year Hour
4. PLACE IN BAILHOUGH MARYLAND, WHERE PRONOUNCED DEAD TO MADE OF MARKED IN CONDITION OF MARKED IN CONTROL OF MARKED IN CONTROL OF MARKED IN CONDITION OF MARKED IN CONTROL OF MA	(Type or Print)	
PRONOUNCED DEAD June 4, 1969 6:35a m. 3-31-70 Sinai Hospital D.O.A. 5-SEX Female White Wildows D. Divorced D.		
Sinai Hospital D.O.A. SIATE Maryland Sinai Hospital D.O.A. SAAE SAAAE SAAE SAAAE SAAE SAAAE SAAE SAAAE SAAAAE SAAAAE SAAAAAAAA	OUTAROF IF I FROM TO THAT OR MENTION DIESTED	PRONOUNCED DEAD June 4, 1969 6:35a
Second Control Seco	3-31-70	A. STATE B. COUNTY 16 20
Female White DIVORCED DIVORCED Balto. YES NO 9. DATE OF BIRTH 0. AGE (in year) Bluder 177, III Under 24 Hrs. E. STREET AND NUMBER C. COLORATION (Convinced own) 148. KIND OF BUSINESS OR INDUSTRY S. AME C. COLORATION (Convinced own) 148. KIND OF BUSINESS OR INDUSTRY S. AME C. COLORATION (Convinced own) 148. KIND OF BUSINESS OR INDUSTRY S. COLORATION (Convinced own) 148. KIND OF BUSINESS OR INDUSTRY S. COLORATION (Convinced own) 148. KIND OF BUSINESS OR INDUSTRY S. COLORATION (Convinced own) 148. KIND OF BUSINESS OR INDUSTRY S. COLORATION (Convinced own) S. C		. 20
9. DATE OF BIRTH 10. AGE (in years 10. Indeed (in years 10. Indeed 17. It Undeed 24 Hrs. 1. STREET AND NUMBER 3506 Fairview Rd. 3. STATE OF BIRTH 3. STATE STAND 3. STATE 3.	MARKIED ET INEVER MARKIED	
11. BIRTHRIACE (Stole or foreign country)		125
MAT COUNTRY SA MATERIAL CAUSE WAS MATERIAL COUNTRY SECURITY NO MATERIAL CAUSE WAS	last birthdoy) Months ; Doys ; Hours ; Mi	n.
IAA USUAL OCCUPATION (Give kind all own) 148. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME Mary Ganley	WHAT COUNTRY?	13. FATHER'S NAME
Housewife Mary Ganley Mary Ganley Mary Ganley	14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUS	August J. Herrmann
18. INFORMANT ADDRESS 19. INFORMANT 19.	7. 1.0	
Security No. 218-28-5031 Mr. Edward Suter 3506 Fairview Road 21207		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart follure, sotherhole, etc. if means the disease, fliptry or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, If ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNIDERLYING CONDITION LST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH SUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF NY HICH OPERATION WAS PERFORMED 222A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED 222B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (If in Baltimare City, give esact location) hame, farm, isotory, street, office bidg, etc.) INJURY OCCUR? DISEASE OR COMBING ON THE LEADY OF THE TERMINAL DISEASE OR CONDITION OF WHICH OPERATION WAS PERFORMED 222D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED DISEASE OR CONDITION OF THE DEATH SUT NOT ANY OF THE PERFORMENT OF THE PERFORMANT	(Yes, no ar unknown) (If yes, give war or dates af service) SECURITY NO. 2.18-28-503:	
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Certify that I held on Inquiry Inspection Autopsy XX and that on this basis, death in my opinion		WORK KX Subject ingested overdose
resulted from Natural couses Accident Suicide XX Homicide Undetermined monner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER EXAMINER EXAMINER'S NAME (Type) Edward F. Wilson, M.D. ASSOCIATE MEDICAL EXAMINER 6/4/69 24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE SIGNED ACTUAL SUICIDE XX Homicide Undetermined monner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 6/4/69 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or caunty) (State)		Autopsy XX and that on this basis, death in my opinion
ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 6/4/69 24A. BURIAL CREMATION, PARTICIPATION (City, town, or county) (State) 24B. DATE SIGNED 24C. NAME of CEMETERY or CREMATORY (City, town, or county) (State)		
ACTUAL SIGNATURE EXAMINER M.D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 6/4/69 EXAMINER'S NAME (Type) Edward F. Wilson, M.D. ASSOCIATE MEDICAL EXAMINER 6/4/69 24A. BURIAL CREMATION, PARTICLE PROVAL (Specify) 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State)		
EXAMINER'S NAME (Type) Edward F. Wilson, M.D. 24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or caunty) (State)	ACTUAL SULLA TOURS	DATE SIGNED
NAME (Type) Edward F. WITSOIT, H.D. 24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State)		A.D.
REMOVAL (Specify)	Fiderard R. Willson M. II	ASSOCIATE MEDICAL EXAMINER 1 6/4/69
		24D. LOCATION (City, town, or county) (State)
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS		
The a 1000 Oh do 2 of Loring Byers Chapel 8728 Liberty Road 2113	May - 1000 00 50 8 0 0	O Ibring Byers Chanel 8728 Liberty Road 2113
VS 151-REV. 1/1/68 100 6 1909 Visibe & C., Nauser, R.B.	VS 151-REV. 1/1/68 NOW 6 1909 Visiber E. Jansey, M.	

11:40 4. USUAL RESIDENCE (Where deceased lived, If institution; residence D. INSIDE CITY LIMITS? YES X Y NO #21224 If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min. Hours 12, CITIZEN OF WHAT COUNTRY? U.S.A. ADDRESS BALTIMORE CITY HOSPITALS #21224 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore Çity, give exoct locotion) and that in (my) (aur) opinion death accurred an the date 23B, DATE SIGNED (Stote) (City, lown, or county) ADDRESS Nimunex Funeral Ho 3331 Brehms Lane Funeral Home, VS 150-REV. 1/1/68



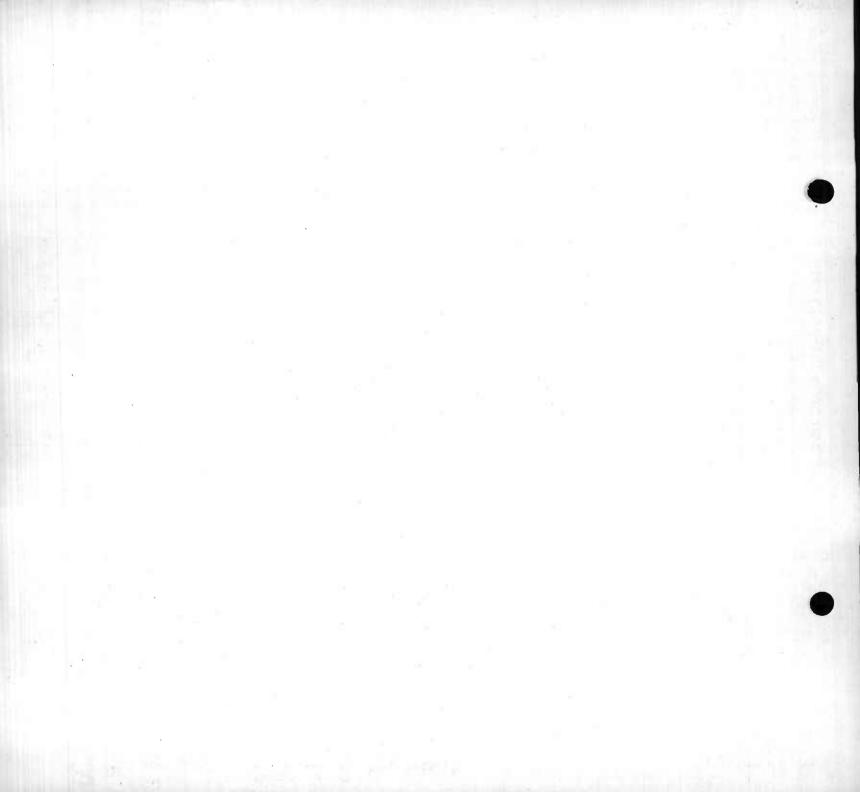
BALTIMORE CITY HEALT		w~0
BIRTH NO. 69 5779 CERTIFICATE C	OF DEATH Registered No. 69 57	79
M.E. CASE NO. I. NAME OF DECEASED ELIZAVATA	2. DATE AND HOUR OF DEATH	
(Type or Print) have A7 GALLOWAY	6-2-69	10:45 AM
PLACE OF DEATH IN BALTIMORE, MARYLAND	UAL RESIDENCE (Where deceased lived. If institution; residence	e before odmission)
FULL NAME OF (If not in hospital or institution, give street	TY OR TOWN (If outside city limits, write RURAL and give	township)
D. STR	REET ADDRESS (If rurol, give location)	
Lincoln Memorial nuksing home 54	College Creek Terrase	21401
WIDOWED DIVORCED (energy)	- 30 - 97 9. AGE (In years lost birthday) If Under 1 Yr. Months: Doys	If Under 24 Hrs. Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRT	RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT CO	UNTRY?
Unknown Domestie	murgland. U.S	
	OTHERS MAIDEN NAME	
11 Property and the second	the Many man man	
5. Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL 17. INF	Rlizabeth NMN FORMANT	LESS
Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	1231 Simms P.	
No ********* 214-14-0033 Mar	garet Lucille Pinkney Wash	
18. CAUSE OF DEAT		AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	VA	
(This does not mean the made of dying, e.g., (A) DUE TO	, V, / 1	
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)		
ANTECEDENT CAUSES (8)		
DISEASES OR CONDITIONS, if any, giving		
rise to the above cause (A) stating the (C)		0 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
UNDERLYING CONDITION last.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A.	A-AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONS IN CERTIFYING CAUSES OF DEATH	IDERED
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH	?
21A. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF	out 21 C. WHERE DID (If in Boltimore City, give exect g., INJURY OCCUR?	locotion)
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
While At Not While		
Work L At Work L	-22. 1969 to 6-2-68.	/ 0
// 1	1 6	19 6 9,
	19	urred an the date
and have and from the causes stated abave, (1) (We) (did not) view the		
23A. SIGNATURE	23B. DATE SIGN	IED
The Care h My. Attending Phys.	Med. Stoff Phys. 6-2-	-67
23C. PHYSICIAN'S NAME (Type)	DORESS OA OA	
Hollis Seunarine M.D. 24	425 Entour Place	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATOR	RY 24D. LOCATION (City, town, or count	y) (Stote)
Burial 6-6-69 Annapolis Neck	Anne Arund	el de mo
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C		DRESS
JUN 6 1969 Tables E. Harber, A.D. A	\$10115 18 NALA Annapolis,	Md
150-REV. 1/1/65	Attraparts)	20.64



1	69	7 / 20 1 1	HEALTH DEPARTMENT	V 6	59 5780		
Bi	RTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	0700		
11.	NAME OF DECEASED		2. DATE AN	ND HOUR OF DEATH			
_	ype or Print Isabelle Se			6/3/69 ne deceosed lived. Il institut	11:10 am.		
3.	PLACE IN BALTIMORE MARYLAND, WHERE PR	ONO UNCED DEAD	4. USUAL RESIDENCE (Whe	re deceosed lived. Il institut	tion: sesidence before odmission)		
FI	ULL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	C.CITY OR TOWN ROS	EDDLED. INSIDE	TO, CITY LIMITS?		
JI s	51. 0 0 0	11 - 1 0	Saltima	re YE	S NO		
1	Mayland General -	Hospital	Box 360 A	Philadelph	ia Rd		
5.	SEX 6. RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH		Under 1 Yr. If Under 24 Hrs.		
	WIDO:	WED DIVORCED	12/72/03	last birthday) 64 M	onins Doys Hours Min.		
	A. USUAL OCCUPATION (Give kind of work 10B, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	ign country) 12	2. CITIZEN OF WHAT COUNTRY?		
00	ne during most of working tife, even if retired)		Pennsyl Vo	ania			
13.	FATHER'S NAME HARRY A	ITCHELL	14. MOTHER'S MAIDEN NA!	ME			
1	Not Remoining		Not to	upedh			
15, fy e	Wos Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor or doles of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	NO	SECORIT NO.	Medical C	hart (#319	152)		
	18.436.91	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		the Francis	ct. donce			
	(This does not mean the made of dying,	e.g., (A)IMMEDIATE CAU	SE Uffer Frain CONSEQUENCE OF:	STEW GOLLIES	£		
	heart failure, asthenia, etc. It means the disc injury ar camplication which caused death.)	oase,		promane	2)		
Ш	ANTECEDENT CAUSES	CV	4				
1	DISEASES OR CONDITIONS, if any, gi		A CONSEQUENCE OF:				
	rise to the above cause (A) stating UNDERLYING CONDITION test.	the					
	18	(c)					
NO.	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG					
CATION	TO THE DEATH BUT NOT RELATED TO THE TERMIT DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL	*************************		******		
ERTIFIC	19A-DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? IYes or No	10 20B, IF YES, WERE FIND	INGS CONSIDERED		
CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY fe.g., In	or obout 21 C. WHERE DID	(If In Boltimare Cit	y, give exoci tocotion)		
CAL	DEATH (notify medical examined)	hame, form, factory, street, aff	ice bldg., INJURY OCCUR?		•		
03	21D-TIME (Month) (Doy) (Year) [Hour]	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
8	(APPROX.)	While At Work Not While At Work					
	22. I certify that (1) (this hospital) attended the deceosed from 5/19/19/69 to 6/2/19/9						
	that (i) (we) lost saw the deceased olive		19_69ond the	at in (my) (our) opinion	death accurred on the date		
	and hour and fram the causes stated abave. (1) (We) (did nat) view the body ofter death.						
	23A. SIGNATURE	Atter	uding - Med -		DATE SIGNED		
	23C. PHYSICIAN'S	TO THE BEOREE		Staff Phys.	6/3/69		
	23C. PHYSICIAN'S NAME (Type)	7	3D. ADDRESS	1	0 14011 0		
24	A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify) 24B.	C. NAME of CEMETERY OF CRE	MATORY 1240 LC	CATION GENERAL	wn, or county) (Stote)		
	BUR 121 6/6/69	Mangelage		CALTO L.D	and an equility founds		
25	A. DATE RECO BY HEALTH OFF 25B. NA	ME OF REGISTRARY D	25C, FUNERAL DIRECTOR	ALTO. MO.	ADDRESS		
i	์ 1969 ปี 1969 ปี	Whell E. Jaber M.	CONTELLY	sons 3	OO MACE		
VS	150-REV. 1/1/68						

VS 150-REV. 1/1/6B

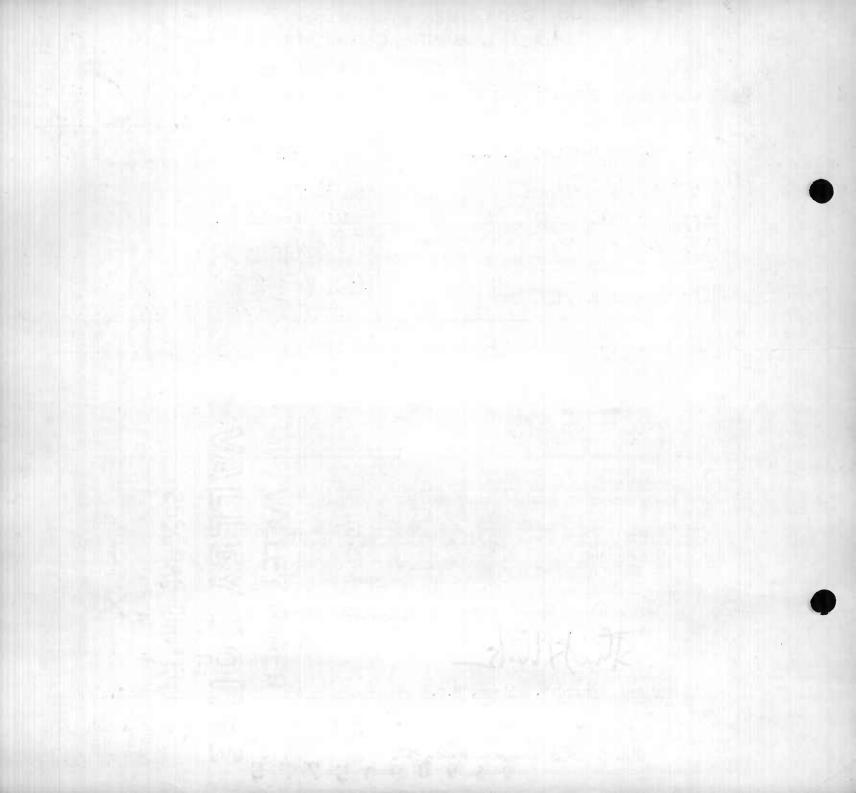




VS 150-REV. 1/1/68



MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. BIRTH NO. NAME OF DECEASED 2. DATE Known XX Month Dov Year Hour (Type or Print) OF DANA Estimoted FITZGERALD DEATH 69 6 6:15 a M. 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE Month Doy Year Hour PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) 1969 Tune 6:15 a OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY Johns Hopkins Hospital Maryland 7. RACE C. CITY OR TOWN D. INSIDE CITY LIMITS 8. MARRIED NEVER MARRIED WIDOWED DIVORCED Female Colored Balto YES NO 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER lost birthdoy) Months ; Doys , Hours , Min. 1415 Aisquith St 11. BIRIHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? ANIE 14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired) 16. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give wor or dotes of service) ADDRESS 8. INFORMAN SECURITY NO. art CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Endocardial Fibroelastosis LEADING TO DEATH (A)IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) **ANTECEDENT CAUSES** (B)______DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)__ CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL CERTIFI DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION | 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) YES ₹ 22A 22B. PLACE OF INJURY (e.g., in or about 22C. WHERE DID (If in Boltimore City, give exoct location) home, form, foctory, street, office bldg., etc.) INJURY OCCUR? EXTERNAL CAUSE WAS UNDERLYING TOR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE ! (APPROX.) WORK AT WORK I certify that I held on Inquiry AutopsyXX Inspection and that an this basis, death in my opinian resulted from Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED **ACTUAL** ASSISTANT MEDICAL EXAMINERXX SIGNATURE M.D. EXAMINER'S ASSOCIATE MEDICAL EXAMINER NAME (Type) Edward F. Wilson, M.D. June 2. 24A. BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAD (Specify) 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C_FUNERAL DIRECTOR **ADDRESS** VS 151-REV, 1/1/68



VS 150-REV. 1/1/68

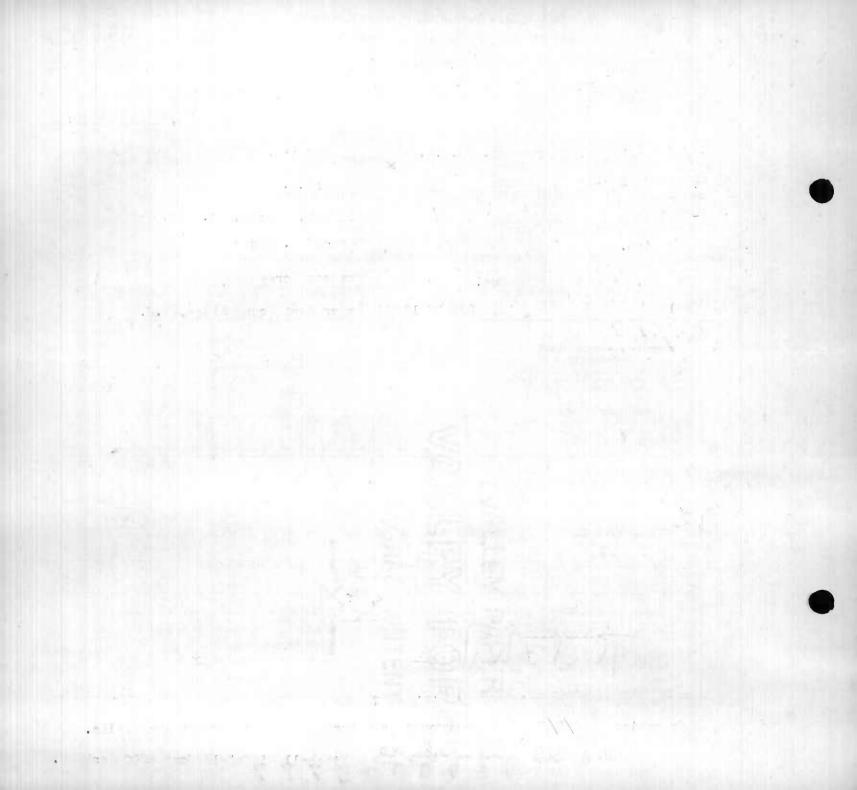
1	BALTIMORE CITY	Y HEALTH DEPARTMENT	
BIRTH	No. 69 5785 CERTIFICA	ATE OF DEATH REG. NO. 69 5785	
1. NAA	ME OF DECEASED	2. DATE AND HOUR OF DEATH	
(Туре	or Print Marion McC Feldmann	A BILLON I SI	
3. PL/	ACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Whefe deceased lived. If institution residence before adm	nission)
FULL	NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	141	
HOSPI	ITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?	
12 L	× ·	Baltin ave. YES A NOT	
7		E. STREET AND NUMBER	
/	laryland heneval Hospital	116 University Parkway	
5. SEX	6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years if Under 1 Yr. If Under 2 Months! Doys Hours: A	24 Hrs.
Ten	hale While WIDOWED DIVORCED	12/17/99 69	
done de	SUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY uring most of working life, even il retired)	11. BIRTHPLA CE (Stote or foreign country) 12. CITIZEN OF WHAT CO	UNTRY
H	touse wife	172 051	
13. FA1	THER'S NAME	14. MOTHER'S MAIDEN NAME	
1	Wm. Mc Cormick	Elizabeth Brown	
15, Was	s Deceased Ever in U. S. Armed Forces? or unknown)[(if yes, give wor or doles of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS	
	o erunknown) (If yes, give wor or doles of service) SECURITY NO. 215-24-7755	Patient H.A. Feldmann 116 Univ. Pkw.	
1B.			RVAL
	DISEASE OR CONDITION DIRECTLY PULM	LONARY ENSOLI BETWEEN ONSET AND	GEATH
	LEADING TO DEATH		the
he	ant foilure, asthenia, etc. It means the disease.	A CONSEQUENCE OF:	interior (
in	ury or complication which caused death.)	NOMA of (R) LUNG 1 MO.	
	ATTECEDENT CAOSES		
DI	ISEASES OR CONDITIONS, if any, giving DUE 10, OR AS	A CONSEQUENCE OF:	10-0-00-04
Ui	NDERLYING CONDITION lost. (C)		
	II .		
i ë i to	HER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE TERMINAL		
Y DIS	SEASE OR CONDITION GIVEN IN PART 1 (A).		
ERTIFIC 197	A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
U 21/	A. A. C. C. DENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in CONTRIBUTING CAUSE OF home, form, foctory, street, of	in or obout 21C. WHERE DID (If In Boltimore City, give exect location)	
■ IDE.	CONTRIBUTING CAUSE OF home, farm, foctory, sheet, of ATH (notify medical examined	fice bldg. INJURY OCCUR?	
2	P-TIME (Month) (Doy) (Year) (Hour 215 INJURY OCCURRED	21f. HOW DID INJURY OCCUR?	
2 01	INJURY While At Not While		
	Work At Work		
	. 1 certify that (I) (this hospital) attended the deceased from	5/9 199 to 5/2/ 199	
	at (i) (we) last saw the deceased alive on 5/30	19and that in(my) (our) opinion death accurred on the	e date
	d haur and from the causes stated above. (1) (We) (did) (did nat) v	lew the body after death.	
234	SIGNATURE	anding Med. Stoff Stoff T	
22.6	O. When colored DEGREE Phys	s. Director Phys. 1 3/31/69	
230	PHYSICIAN'S NAME (Type)	23D. ADDRESS // //	
	JR-D. ANN WOOD DEGREE	MD. GENERAL HOSPITAL	
24A. B1	URIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CRE	EMATORY 24D. LOCATION (City, town, or county) (St	lote)
	Burial 6/3/69 Lorraine	Windsor Mill Rd. Woodlawn, M	Md.
25A. D	ATE REC'D BY JEHUH DEPTI 969258 NAME OF AEGUSTRAD	25C. FUNERAL DIRECTOR ADDRESS	
	7 8 9 0	Mitchell Wiedefeld Home 6500 York Rd.	



K-530

69 578 BALTIMORE CITY HEALTH DEPARTMENT

			MED		SALTIMORE CITY HIEXAMINER'S			DEA	TH REG. NO	69	578	36
-	RTH NO.								REG. INC	·		
1. NAME OF DECEASED (Type or Print)				2. DATE OF	Known 😾	Month	Day	Yeor	Hour			
CHARLES KENT			DEATH	Estimoted	5	31	69	8:35	ам			
4.	PLACE IN BAI				NOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	
	LL NAME OF SPITAL	(IF NO	T IN HOSPITA	LOR INSTITUTION)	TION, GIVE STREET	PRONOI	JNCED DEAD	May	31.	1969	8:35	5 ам
	INSTITUTION	70011					ESIDENCE (Where		lived. If instituti	on: residence		
		2000	7 01	1 0.	D 0 4	A. STATE	1 1		B. COUNTY	11	-1	2
6.	SEX	3209 I	N. Char				Maryland	_	D INSIDE	CITY LIMITS?	, 0	~
					NEVER MARRIED							
0	Male	White		WIDOWEL		C CYPECT	Balto.			YES 🔲	NO L	
9.	DATE OF BIRT	Н	10. AGE (Ir lost birthdo		Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.	E. STREET	AND NOWBER					
	1-20 191		55			320	9 N. Char	les S	t. Apt.	4-D		
11.	BIRTHPLACE (State or foreign	gn country)	12.	CITIZEN OF	13. FATHER	SNAME		11111			
	Mi	nn.			WHAT COUNTRY?	Raym	ond A. Ker	at				
14/	USUAL OCCL	PATION (Giv	e kind of work	14B. KIND O	F BUSINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NA	ME				
dor	Ph D	working life, ev	en itrefired)	7.6.	-1-	Fran	ees Morey					
16.	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES?	I7. SOCIAL	1B. INFORM				ADDRESS	A	
(Ye	s, no or unknown	(If yes, give	wor or dotes	of service)	276 20 1387			1 D.				
	10				CAUSE OF DEA		r Kent Por	und h	lage, N.		PROXIMATE IN	TERVAL
CERTIFICATION	heort foilure injury or cor A DISEASES RISE TO TH	not meen the , osthenio, etc mplication whi NTECEDENT OR CONDITI E ABOVE CA NG CONDIT NIFICANT COI ATH BUT NO: C CONDITION F OPERATION	CAUSES ONS, IF ANY USE (A) STATION LAST. II NOTITIONS CO	, GIVING TING THE	(B)	AS A CONSE	QUENCE OF:			21. AUTO	PPSY? (Yes o	r No)
1	00									YES		
MEDICA	HINDERLVING	USE OF DEA	ITRIB-	ho	WORK L AT	T WHILE 2	2F. HOW DID IN	JURY OC	CUR?			
		URE 4		nquiry L ses XX		de Ho	ond that on the omicide Commicide Commicia Com	Undeterr EXAMINEI EXAMINEI	nined monner		DATE SIGN	1ED
	NAME (Edward	F. Wil	son, M.D.					av 31.	1969	
	A. BURIAL CRE MOVAL (Spec	MATION, ify)	24B. DATE		24C. NAME of CEMETERY	or CREMATO	DRY 24D.	LOCATIO	N (City, to	wn, or county) (Stol	e)
	Crema-		6/2/6	9	Greenmount C:				nount Ay	e Balt	0.	Md
25	A. DATE REC'D	JUN JUN	6 196	25BaNAA	AE OF REGISTRAR	3	FUNERAL DIRECT	OR		ADDRESS		
VS	151-REV. 1/1/6	В		7	3 7 11 1	0 5	1 1 1					



69 5787 BALTIMORE CITY HEALTH DEPARTMENT

69 5787

MEDICAL EXAMINER'S	CERTIFICATE (OF DEATH,
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BIRTH NO.	REG. NO.					
I. NAME OF DECEASED (Type or Print) JOHN L. HAWN	2. DATE Known X Month Doy Yeor Hour OF DEATH Estimoted June 4, 1969					
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD June 4, 1969 8:16 P. M. 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
Mercy Hospital (DOA)	A. STATE Missouri B. COUNTY					
6. SEX 7. RACE 8. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED	C. CITY OR TOWN D. INSIDE CITY LIMITS? Webster Grove					
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. if Under 24 Hrs. Months; Doys Hours Min.	E. STREET AND NUMBER 206 Brestol Road					
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Russell J. Hawn					
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Director of Personnel	15. MOTHER'S MAIDEN NAME Amelia Fick					
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) 17. SOCIAL SECURITY NO.	Virginia W. Hawn 206Bristol Rd. Me					
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL					
DISEASE OR CONDITION DIRECTLY Arterioso	lerotic cardiovascular disease					
(A)IMMEDIATE C (This does not mean the mode of dying, e.g., heart failure, osthenio, etc. It means the disease, injury or complication which coused death.)	AUSE AS A CONSEQUENCE OF:					
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	AS A CONSEQUENCE OF:					
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No)					
	No No					
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. Home, form, foctory, street, office UTING CAUSE OF DEATH. 22B. PLACE OF INJURY (e.g., home, form, foctory, street, office UTING CAUSE OF DEATH. 22D. TIME (Month) (Dov) (Year) (Hour) 22E INJURY OCCURRED	in or obout 22C. WHERE DID (II in Boltimore City, give exoct location) e bldg., etc.) INJURY OCCUR?					
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) WHILE AT WORK 22F. HOW DID INJURY OCCUR?						
	tapsy and that an this basis, death in my opinian					
ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL M.D	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER					
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER ☐ June 5, 1969					
248. BURIAL CREMATION, REMOVAL (Specify) REMOVAL (Specify) 248. DATE 24C. NAME of CEMETERY 24B. DATE 24C. NAME of CEMETERY 24C. NAME of CEMETERY	VAT CETY DALTO Md.					
JUN 6 1969 Jobers E. Jacker & D.	MICHELL- WIEDEFELD HONE					
VS 151-REV. 1/1/68	, M					

at the sale of the

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gamman in a management in a street in a

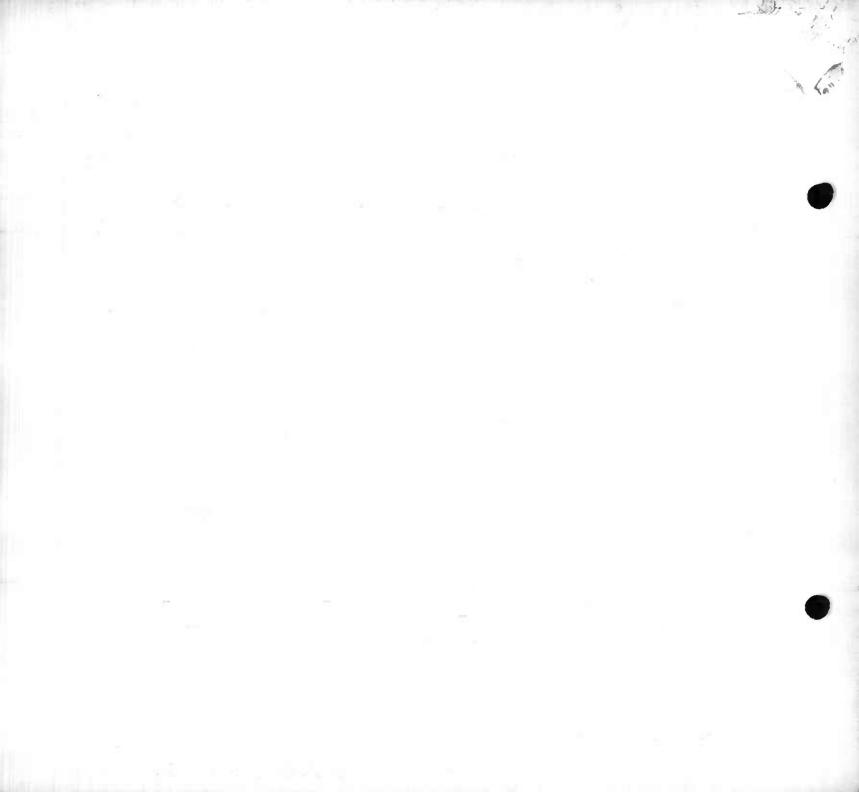
P-656

69 5789 BALTIMORE CITY HEALTH DEPARTMENT

	MEI		XAMINER'S			DEATH	65 REG. NO.	57	89
BIRTH NO.								-	
1. NAME OF DEC		NRIQUETA	PRIMARD	2. DATE OF DEATH	Estimoted X	Month	Doy	Yeor H	our M.
4. PLACE IN BAL	LTIMORE, MARYLAND,			3. DATE		Month	Doy	Yeor H	our
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITUT ATION)	ION, GIVE STREET	S. USUAL RESI		June	2,	1969 ¹	7:35 P _{M.}
	Falls Road			A. STATE Mary			COUNTY	13	-48
6. SEX	7. RACE	8. MARRIED	NEVER MARRIED	C. CITY OR TO	WN	D.	INSIDE CIT	Y LIMITS?	
fema1e	white	WIDOWED		Balt	imore		YES	NO NO	
9. DATE OF BIRT	lost birthd	(In years If U	Inder 1 Yr. If Under 24 Hrs. hths: Doys: Hours: Min.	E. STREET ANI	NUMBER Falls F	Poad			
	State or foreign country)	12.	CITIZEN OF	13. FATHER'S		Coau			
Santiag	o, Chile		WHAT COUNTRY?	Nicol	as Prime				
14A.USUAL OCCU	JPATION (Give kind of wor working life, even if retired	k 14B. KIND OF	BUSINESS OR INDUSTRY	15. MOTHER'S	MAIDEN NAM	ΛE			
Seams		'	Clothing	Maria	Ledoit				
	ED EVER IN U.S. ARME	D FORCES?	17. SOCIAL SECURITY NO.	18. INFORMAL	VT		702D	Cff Edsto	n Ave
No		3 01 2011100)	212-56-5083	Maria	Anglies	Taylor		imore 1	
19.	50,0		CAUSE OF DEA		AHE TAME	Tay IVI		APPROX	XIMATE INTERVAL ONSET AND DEATH
	SE OR CONDITION DIR	ECTLY	•	of Barb	iturates	3			
(This does n	not mean the made of d a, osthenia, etc. It means th	lying, e.g., ne diseose,	DUE TO, OR	AS A CONSEQUE	NCE OF:				
injury or cor	mplication which coused de	eoth.)			-				
	NTECEDENT CAUSES OR CONDITIONS, IF AN E ABOVE CAUSE (A) ST.	NY, GIVING ATING THE	(B)	AS A CONSEQU	ENCE OF:				
UNDERLYIN	NG CONDITION LÁST.		(c)			******			
O THE DE	II VIFICANT CONDITIONS (ATH BUT NOT RELATED TO R CONDITION GIVEN IN	O THE TERMINAL							
20A. DATE O			WHICH OPERATION W	AS PERFORMED				21. AUTOPSY	/? (Yes or No)
8 2								Ye	26
	NAL CAUSE WAS	22B.	PLACE OF INJURY(e.g.,	in or obout 22C.	WHERE DID	(If in Boltimore C	ity, give exoc		
B UTING □ CA	GIXOR CONTRIB- AUSE OF DEATH. (Month) (Doy) (Ye		e, form, foctory, street, office home		4158 I	alls Ro	ad	13=	48
OF INJURY (APPROX.)			22E.INJURY OCCURRED WHILE AT NOT WORK AT W	WHILE X		d an ove	rdose	of drug	s
23.	tify that I held an	Inquies 🗆			and thet an A	nis basis, de	ath in me	ninian	
								ipinion T	
resul	ted fragi: Natural ca	uses 🔲 🦼	Suicio Suicio			Undetermined	manner _		
ACTUAL		Sh	MI M.D	ASSISTA	EF MEDICAL E]	DA	TE SIGNED
SIGNAT EXAMIN NAME (1	ER'S Werne	r U. Spi			ATE MEDICAL E	XAMINER _]	(6/3/69
24A. BURIAL CRE	MATION, 24B. DATE	2.	4C. NAME of CEMETERY	or CREMATORY	24D.	LOCATION	(City, town,	or county)	(Stote)
Cremation	1 - 1		Greenmount E OF REGISTRAR	Cemetery	NERAL DIRECTO	Baltimo	re	Marylar	nd
ZSA. DATE REC'D	JUN 6 196		E. Facher M.D.		liam E.		85	21 Loch	Raven B
VS 151-REV. 1/1/6	8 // 9/	0.10	9 7 8 S	19 3 1	0 0		158	ltimore	y Ma

The state of the state of the

AS 52	-57-03		F-65 5790 BALTIMORE CITY HEALTH DEPARTMENT	
1,21	5+945	11	CERTIFICATE OF DEATH REG. NO. 69 5	790
The Best 18	ase th th	1,1	NAME OF DECEASED	
	- D 0 C .		FRINGER GLADYS 6.3.69	1.00 A. M.
4	- 00 o =	11	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, Il institution: residen A. STATE B. COUNTY	ce belote admission)
		FU HO IN	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) O. INSIDE CITY LIMITS?	13:01
	i Batr	lh-	BALTIMORE CITY HOSPITALS DZ BALTIMORE YES IT	NO 🗌
	V L .		4940 EASTERN AVE. 21224 1475 Clarkson 8t. 21	230
0	occurre ontribut ermined regular eased p		WIDOWED DIVORCED 1() 1 V 1	Hours Min.
	ath in dec	don	OA, USUAL UCCUPATION (Give kind of working KIND OF BUSINESS OR INDUSTRY IS DISTURDED TO THE OFFICE OF THE OFFICE O	PEWHAT COUNTRY?
		13.	3. FATHER'S NAME	
F	L		EDISON BUNTING BARBARL MUELLER	
MPORTANI		(Ye	S. Wes Decesed Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT ADD	RESS
TA.	ssist the the kir de de ince		10 ZIT -20-344 BCHARECORDS: 4940 EASTERN A VE.	21224
0				ROXIMATE INTERVAL EN ONSET AND DEATH
Ī	lso, of a unc		LEADING TO DEATH GOOD AND AND AND AND AND AND AND AND AND AN	IN ORSET AND DEATH
-	. = = -		This does not meen the mode of dving an	rà anna a pan _{ent}
DIRECTOR:	50000		heart foilure, osthenio, etc. it meons the disease, injury or camplication which caused deoth.)	
E	xamin xamin) A fra who regu		ANTECEDENT CAUSES (B) OLD CEDEBLAL THROMBOSIS	
M	9 X 0 7 0		DISEASES OR CONDITIONS, if ony, giving nise to the above cause IA) stating the	. With the farth company proposition as any spe
Ä	ins a		UNDERLYING CONDITION lost. (C). HYPERTEN SWE SCREEN SCREEN TIC HEART DK.	
	medical burns; hysicia In was remain	z	OTHER SIGNIFICANT OF A PROPERTY OF THE PROPERT	
A A	f medical medical f burns; (3 physician ian was ir	ATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A].	
FUNERAL	chief a m Body the p ysicia	CERTIFICATION	19A.DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION YES 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSINGERITY OF DEATH	SIDERED
듄		CER	21A ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in er obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?	
_	No che	Ü	DEATH (nobity medical examiner)	ioconon;
	hospita nature; ept whe d (6) No ained be	MEDI	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURT OCCURRED 21F. HOW DID INJURT OCCUR? While At Not While At Not Work	
	y ny x		Work Al Work	
	appropriate the the the the the the the the the t		22. I certify that (I) (this hospital) ottended the deceased from 9-4 19 68 to 6-3 that (I) (we) last sow the deceased alive on 6-3	19 69
	0 2 5 7	1 1	und that in (my) (our) opinion decin acc	urred an the date
	deat must		ond hour and from the couses stoted abave. (1) (We) (did) (did nat) view the body ofter death.	155
	- V E A		Attending Med. Stoff F	- A
	s re		23C. PHYSICIAN'S DEGREE PHYSICIAN'S DIRECTOR PHYSICIAN'S BALTIMORE CITY HOSPITALS	
113	certificate sody was r rs: (1) An a D.O.A. at a ased prior		ABRAHAM GARCIA MD 4940 EASTERN AVE. 21224	
	certif yoody /s: (1) D.O.J assed	24A	A. BURIAL CREMATION, 248. DATE 24C, NAME OF CEMETERY OF CREMATORT 24D. LOCATION (City, town, or count	(Stote)
	This certificate m the body was rel shows: (1) An acc was D.O.A. at a deceased prior to written approval	25.0	A. DATE REC'D BY HEALTH DEPTH OF REGISTRAL DISCHEINERAL DIRECTOR MACHINERAL DIRECTOR	,
	This certhe bocshows: was D. deceas	2574	A. DATE REC'D BT HEALTH DEP 1969 258 NAME OF REGISTRAL ALD 25C FUNERAL DIRECTOR AD	DRESS
	1	VS 1	150-REV. 1/1/68	ve.



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FUNERAL DIRECTOR: IMPORTANT	die	2	Ysi	3	E
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	ate	0	to	IOL	70
	Fice	A	4	P	dd
	± 2	Ξ	Ö	Pe	7 0
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the hody was released to the hospital by a medical examiner. Also if the direct or consideration of the hospital by a medical examiner.	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased [A	٥	SD6	101
	his	hov	ras	900	F
	-+	W	3	U	3

	D9 3.797	Y HEALTH DEPARTMENT
	MILITO.	ATE OF DEATH REG. NO. 03 3/31
	NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	Charles H. Little	Sr. 6/4/69
3,	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FU	ILL NAME OF (IF NOT IN HOSMIAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
1	10	Hanover YES X NO
	Maryland General Aspital	E. STREET AND NUMBER
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. , If Under 24 Hrs.
Z	Tale White WIDOWED DIVORCED I	6/12/12 lost birthdoy 3 6 Months Doys Hours Min.
do	LUSUAL OCCUPATION (Give kind of work 10 B, KIND OF BUSINESS OR INDUSTRY to during most of working life, even if retired)	11. BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	Pa. 05H
	Charles T. Little	Flizabeth lohe
15.	Wos Doceosed Ever in U. S. Armed Forces? 16. SOCIAL	
(Ye	s, no or unknown) Ilf yes, give war ar dotes of service) SECURITY NO.	Poting t Same,
-	18. CAUSE OF DEAT	H APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
	LEADING TO DEATH IThis does not mean the mode of dying, e.g., (A) IMMEDIATE CAL	
	heart failure, asthenia, etc. It means the disease, injury at camplication which caused death.)	A CONSEQUENCE OF:
	ANTECEDENT CAUSES	DV-Pman (D)
	DISEASES OR CONDITIONS, il any, giving DUE TO, OR AS	A GONSEQUENCE OF:
	rise to the above couse (Al stating the UNDERLYING CONDITION last.	UICA Esopherus
	(C)-saudin-Diazonaea	A
ON	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
CAI	DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
CERTIFI	194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yos or No) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
8	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i	Ven
CAL	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., incomp., lorm, loctory, street, of DEATH Inotify medical examined	lice bldg. INJURY OCCUR?
	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
×	(APPROX.) While At Not While At Work At Work	• 🗆
	22. 1 certify that (1) (this hospital) attended the deceased fram.	5/12 1969 to 6/4 1969
	that (I) (we) last saw the deceased alive an	19 and that In (my) (our) apinion death accurred an the date
	and haur and from the causes stated above. (1) (We) (dld) (dld not) v	lew the bady after death.
	23A. SIGNATURE	23R DATE SIGNED
	and any and any and any and any any and any any and any	nding Med. Staff Physics C/9/69
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
244	BURIAL CREMATION, 248, DATE 24C, NAME of CEMETERY OF CRE	A
6	REMOVAL (Specify)	(Side)
254		
1	DATE REC'D BY HIJANH CEPT 1969 SE TAME OF REGISERAL MED.	25G. FUNERAL DIRECTOR ADDRESS []. T. Chine & Sons Reisterstown, Md.
Vs.	150-REV. 1/1/68	of a contract of the contract



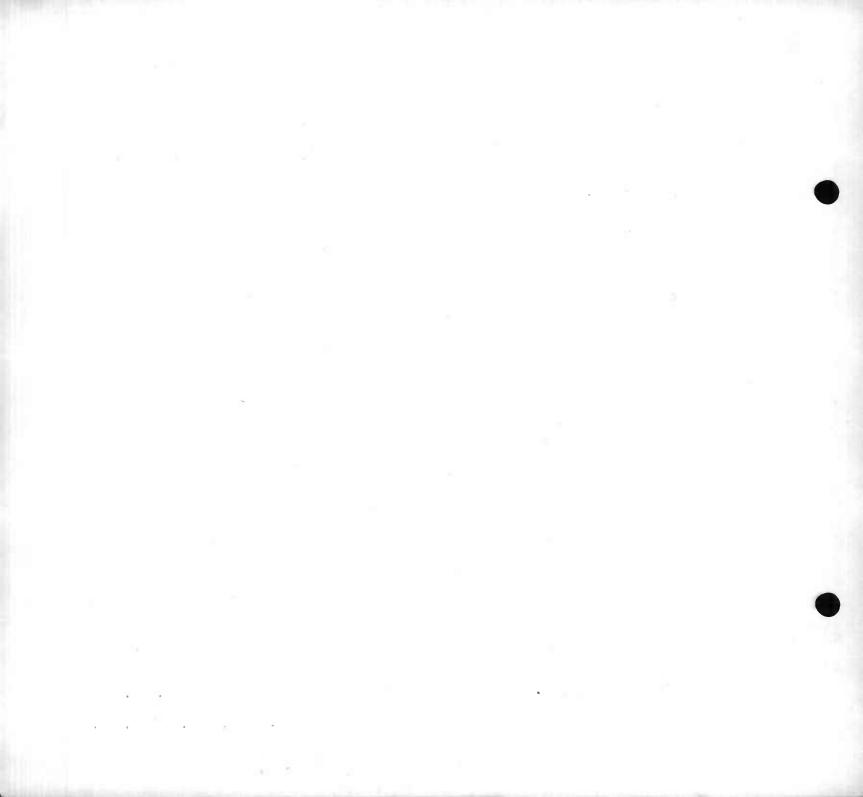
69 5792 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EXAMINER'S			DEAT	H			1
BIRTH NO.5 (4) 0898					KEG. NO	5	792	
1. NAME OF DECEASED (Type or Print)		2. DATE	Known CK	Month	Day	Year	Hour	
JOHN A. BAILEY	•	OF DEATH	Estimoted	6	2	69	2:03	а м.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION) OR INSTITUTION	UTION, GIVE STREET		NCED DEAD	June	2,	1969		а м.
716 E. 43rd Street		A. STATE	SIDENCE (When	e dece osed II	B. COUNTY	2	before odmissi	3
	D NEVER MARRIED	C. CITY OR			D. INSIDE C	ITY LIMITS?		
Male Colored WIDOWE		R	alto.		,	ES 🗌	NO 🗆	
9. DATE OF BIRTH 10. AGE (In years lost birthdov)	If Under 1 Yr. If Under 24 Hrs. Aonths: Doys Hours 1 Min.		ND NUMBER				NO L	
	4		6 E. 43rd	St.				
11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?	13. FATHER	NAME BA	ILE	/			
14A.USUAL OCCUPATION (Give kind of work 14B. KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	15. MOTHER		ME				
16. WAS DECEASED EVER IN U.S. ARMED FORCES?	17. SOCIAL	18. INFORM	ANT		-	DDRESS		
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	JOHI	Y BAIL	EY	716 E	= 43	s th st	-,
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEA		11 1				PPROXIMATE INTI WEEN ONSET ANI	
(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)	(A)IMMEDIATE O	AS A CONSEQ	dden deat ^{JENCE OF:} (I		itial p	neumon	ia)	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	AS A CONSEC	DUENCE OF:					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION F		O Charleston O an incidence do major in Comp.			******		. 25 25 25 44 44 44 44 45 45 45 45 45 45 45 46 46 46 46 46 46 46 46 46 46 46 46 46	
20A. DATE OF OPERATION 20B. CONDITION F	OR WHICH OPERATION WA	S PERFORM	ED			21. AUTO	OPSY? (Yes or	No)
02/							YES	
UNDERLYING TOR CONTRIB.	2B.PLACE OF INJURY(e.g., ome, form, foctory, street, office	in or obout 2 bldg., etc.)	C. WHERE DID	(If in Boltimo	re City, give ex	oct locotion)		
UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour)	Loop Thirtipy Occupants	2	E HOWBIR IN	HINY OCC	LIDO			-
OF INJURY	WHILE AT NOT	WHILE ORK	F. HOWDID IN	JURY OCC	OK?			
23. I certify that I held an Inquiry		topsy XX	and that an t	hie hasie	death in m	, aninian		
resulted fram: Natural causes XX	Accident Suicid				ned monner			
ACTUAL FLAN KILL	(HIEF MEDICAL		——————————————————————————————————————		DATE SIGN	ED
SIGNATURE VOT	M.D	ASSIS	TANT MEDICAL	EXAMINER	XX			
EXAMINER'S		ASSO	CIATE MEDICAL	EXAMINER				
NAME (Type) Edward F. Wil	son. M.D.	100				June	2. 196	59
24A. BURIAL CREMATION, REMOVAL (Specify)	24C. NAME of CEMETERY			LOCATION	(City, tov	n, or county	(Stote	•)
TSURIAL 6-5-69	M. AUBU							
	ILE OF BESIEVES					ADDRESS		
JUN 6 1969	ME OF REGISTRAR	25 C. F	UNERAL DIRECT			ADDRESS 728	E HOI	RTH

	-	
	SUPPLIED.	LEGIBLY.
RECORD.	EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED.	S OF DEATH CLEARLY AND LEGIBLY.
THIS IS A PERMANENT RECORD	QTNOHS NO	S OF DEATH
THIS IS A	INFORMATIC	THE CAUSE
	ERY ITEM OF	PLEASE WRITE THE CAUSES
	E	Α.

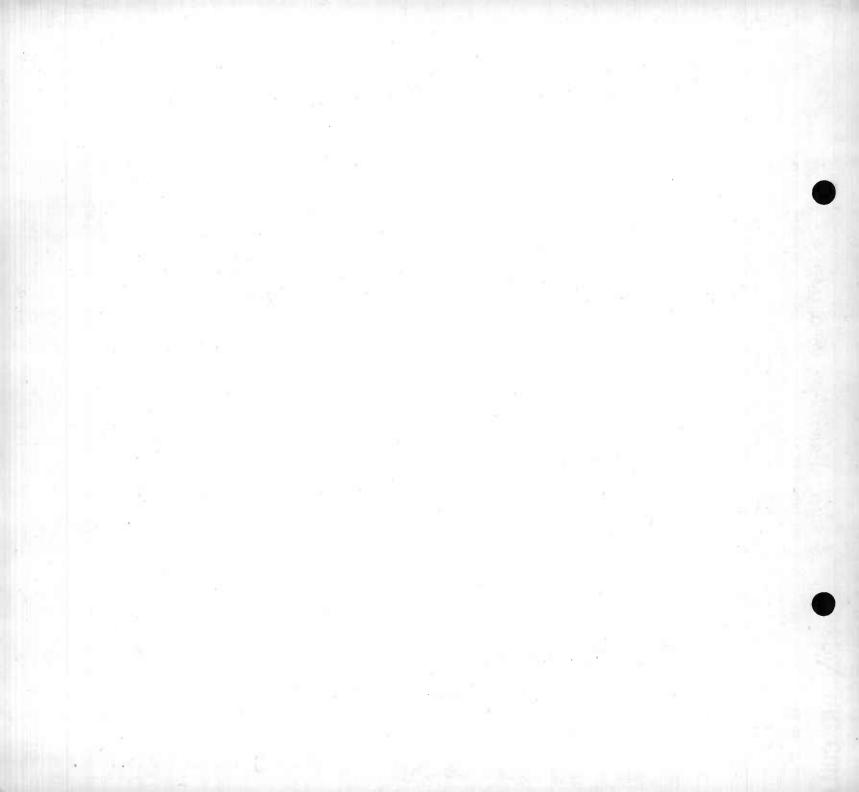
More

		CO EN	BAI	LTIMORE CITY HEALTH	DEPART	MENT		an.	EMINO
010	TH NO.	69 573	90	CERTIFICATE OF	DEAT	Н	Registered	No.—	2/63
	NAME OF DECE	ASED					2. DATE OF DEATH		
(Ty	Fileen	Marie Boswe	11				May 29,	1969	
3.	PLACE OF D	EATH IN BALTIMORI IIF NOT IN HOSPITAL OR INSTI ADDRESS OR LOCATION) Orth Charles	E, MARY TUTION, GIVE	STREET	A. STATE	RESIDENCE (Whare deceas B. COUNTY ryland	ed livad. If institution: r	27	-11
	Apartm		Stree	: L	Bal	timore 21210	de city limits, write RUR	AL and give	e rownsnip)
	_	ore, Marylan	d 212	10		N. Charles	(If rurel, give	Apt.	F
S.	SEX	6. COLOR OR RACE		GLE, MARRIED, WED, DIVORCED (Specify)	8. DATE O	F BIRTH 9. AG	E (In years	f Under I Y Nonths Da	r. If Under 24 Hrs.
-	emale	White PATION (Give kind of work		dowed O OF BUSINESS OR INDUSTRY	4/21	/1898 TACE (State or foreign count	71	2. CITIZEN	OF
		working lifa, evan if retired)	100. 101.11	OF BUSINESS OR INDUSTRI	II. DIKITIF	EMCE fatale of loterally coass	""		COUNTRY?
V	ise Pre	sretired	Oles	Envelope	Pen	nsvlvannia		USA	
	FATHER'S NAME					R'S MAIDEN NAME		0,011	
-	Kirby								
		rer in U. S. Armed Forces? (If yes, giva wer or datas o	of service}	16. SOCIAL SECURITY NO. 215-03-8526	17. INFORI	gut se.	t = 56	27 1	rankfu
	DISEASE (LE {This does not heart failure, a injury ar com	OR CONDITION DIRECT ADING TO DEATH is mean the made of dying sthenia, etc. It means the plication which caused ITECEDENT CAUSES	ng, eta.	Die there (A) DUE TO	DF DEATH	ideal Infa	retron	ONS	et and Death tantaneon
ATION	DISEASES OR rise to the a UNDERLYING	CONDITIONS of any above cause (store CONDITION dast		(c) Ar	tens	selvite a	Morascul	4/	(years
CERTIFICATIO	TO THE DE	CANT CONDITIONS CON EATH BUT NOT RELATI INDITION CAUSING IT.	ED TO TH	" Lingthy	sem	a . Asthur	at Binche	15	
AL	CAUSE OF DEA	TH, ENTER IN	A. DATE C		S PERFORM	N FOR WHICH OPERATION	ON	20. AUT	OPSY7] NO [
MEDIC,	OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF medical exominar)		21B. PLACE OF INJURY (e.g., in homa, ferm, factory, streel, officetc.)		NJURY OCCUR?	(If in Baltimora City, gi	ive axact lo	cation)
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK					21F. HOW DID INJURY OCCUR?			
	22. I certify that (I) (this haspital) attended the deceased from								
24	23A. SIGNATUI ATTENDING PH	YS E MED. DIRECTOR	esse st	23B. /	Y 50	2 N. Cha	les St	OC. DATES	29/69
	Burial		1	Moreland Memoria			altimore,		'i (Signal .
25/	A. DATE REC'D B		258. NAN	Jaben, M.D.		uneral director onard J. Ruck			ADDRESS d. 21214
VS	150 JU	N 6 1300 V	المالية						
1		į	9	69000	5	7 8 4			



IMPORTANT

FUNERAL DIRECTOR:



	PLACE IN BAL		en A. Ka		4. USUAL RESIDEN	June 3, 1969	1 3451
Ho	JLL NAME OF OSPITAL OR STITUTION	(IF NOT IN HOSE ADDRESS OR LO	PITAL OR INSTIT CATION)	UTION, GIVE STREET	Maryland C. CITY OR TOWN		D. INSIDE CITY LIMITS?
	00	218 S. N	Monastery	Ave.	Balto. E. STREET AND N 218 S. N	UMBER LONASTERY Ave.	YES X NO
	emale	6. RACE White	7. MARRIED WIDOWED	NEVER MARRIED X	8. DATE OF BIRTH	9. AGE (In year	
dor		working life, even il retired	1)	Sales Book Co	11. BIRTHPLACE (St	ate or foreign country)	12. CITIZEN OF WHAT CO
		J. Kapraun			Rose Sei		
	Wos Deceased es, no or unknown	Ever in U. S. Armed (If yes, give wor or d	Forces? otes of service)	16. SOCIAL SECURITY NO. 217-56-7977	Miss. Rose	Balto. Md Kapraun 218	. 21229 ADDRESS S. Monastery Ave.
		ANTECEDENT CAUS		(B)	A CONSEQUENCE	444-00-00-00-00-00-00-00-00-00-00-00-00-	20 11/17
NOI	DISEASES OF THE STREET OF THE	OR CONDITIONS, is obove couse (A CONDITION Iost.	f ony, giving A) stoling the	/ hom () a	A CONSEQUENCE OF	breast @	agril 194
ATION	DISEASES OF TIME TO THE DEAT DISEASE OF CO.	OR CONDITIONS, is obove couse (A CONDITION IOSI. IL ICANT CONDITIONS OF THE CONDITION OF THE CONDITION I 198. CC	f ony, giving A) stoling the CONTRIBUTING THE TERMINAL PART 1 (A).	/ hom () a	20A. AUTOPSY?	breast e	WERE FINDINGS CONSIDERED AG CAUSES OF DEATH?
CAL CERTIFICATION	DISEASES OF THE PROPERTY OF THE DEAT DISEASE OR COTTON OF THE DEAT OF THE DEATH (notify DEATH (notif	OR CONDITIONS, is obove couse (A CONDITION IOSI. IL ICANT CONDITIONS OF THE CONDITION OF THE CONDITION I 198. CC	f ony, giving A) stoling the CONTRIBUTING D) THE TERMINAL ART 1 (A). DONDITION FOR ERFORMED	(C)	20A. AUTOPSY?	Yes or No) 208, IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED AG CAUSES OF DEATH? Boltimore City, give exact location)
AL CERTIFICATION	DISEASES Crise to the UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF CONTRIBLE DEATH (notify 21D. TIME OF INJURY (APPROX.)	OR CONDITIONS, is obove couse (A CONDITION Iosi. II ICANT CONDITIONS CONDITIONS CONDITION GIVEN IN POPERATION 198. COWAS POTT WAS UNDERLYING CAUSE OF	f ony, giving A) stoling the CONTRIBUTING DITHE TERMINAL ART 1 (A). DONDITION FOR ERFORMED 216 hor etc. or) (Hour) 216 Will Will Will Will Will Will Will Wil	WHICH OPERATION B. PLACE OF INJURY (e.g., ne, lorm, loctory, street, c.) INJURY OCCURRED Not White At Work	20A. AUTOPSY? in or obout 21C. WHE ffice bldg., INJURY O	Yes or No) 208, IF YES, IN CERTIFYIN	
MEDICAL CERTIFICATION	DISEASES Crise to the UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OR CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CAPPROX.) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and hour and	OR CONDITIONS, is a obove couse (A obove couse (A obove couse). I condition lost. II conditions of the but not related to ondition given in Poperation (A obove couse). II condition given in Poperation (A obove couse). It was underlying (A obove couse). If was underlying (A obove couse).	f ony, giving A) stoling the CONTRIBUTING D' THE TERMINAL PART 1 (A). DINDITION FOR ERFORMED 216 hor etc. b) (Hour) 21E W/ w/ tal) attended for esed alive an	WHICH OPERATION B. PLACE OF INJURY (e.g., ne, lorm, loctory, street, c.) INJURY OCCURRED Not White At Work	20A. AUTOPSY? in or obout 21C. WHE office bidg., INJURY O	Yes or No! 208, IF YES, IN CERTIFYIN RE DID CCUR? (If In E	Soltimore City, give exact location) 6/3/69 19 ur) apinian death accurred an til
MEDICAL CERTIFICATION	DISEASES Crise to the UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF 21A. ACCIDE OR CONTRIBUTED OF INJURY (APPROX.) 22. I certify that (I) (we)	OR CONDITIONS, is obove couse (A condition lost. II ICANT CONDITION SCHED TO CONDITION GIVEN IN POPERATION 198. COWAS POPERATION (Month) (Doy) (Year that (I) (this haspilast saw the decease of from the causes save.	f ony, giving A) stoling the CONTRIBUTING D' THE TERMINAL PART 1 (A). DINDITION FOR ERFORMED 216 hor etc. b) (Hour) 21E W/ w/ tal) attended for esed alive an	WHICH OPERATION B. PLACE OF INJURY (e.g., ne, lorm, loctory, street, co.) INJURY OCCURRED Thile At Not Whith the deceased fram We (did) (did nor)	20A. AUTOPSY? in or obout 21C. WHE office bldg., INJURY O 21F. HOW view the bady after	Yes or No) 208, IF YES, IN CERTIFYIN RE DID CCUR? (If In E DID INJURY OCCUR? 1903 ta and that in (my) (au r death.	Soltimore City, give exact location)

Burial June 6, 1969 New Cathedral Cem.

25A. DATE REC'D BY HEALTH DEPT.

25B. NAME OF REGISTRAR

25B. Balto. Md

25C. FUNERAL DIRECTOR

C. Fruman Schwab 3512 Frederick Ave. Balto. Md VS 150-REV. 1/1/6B

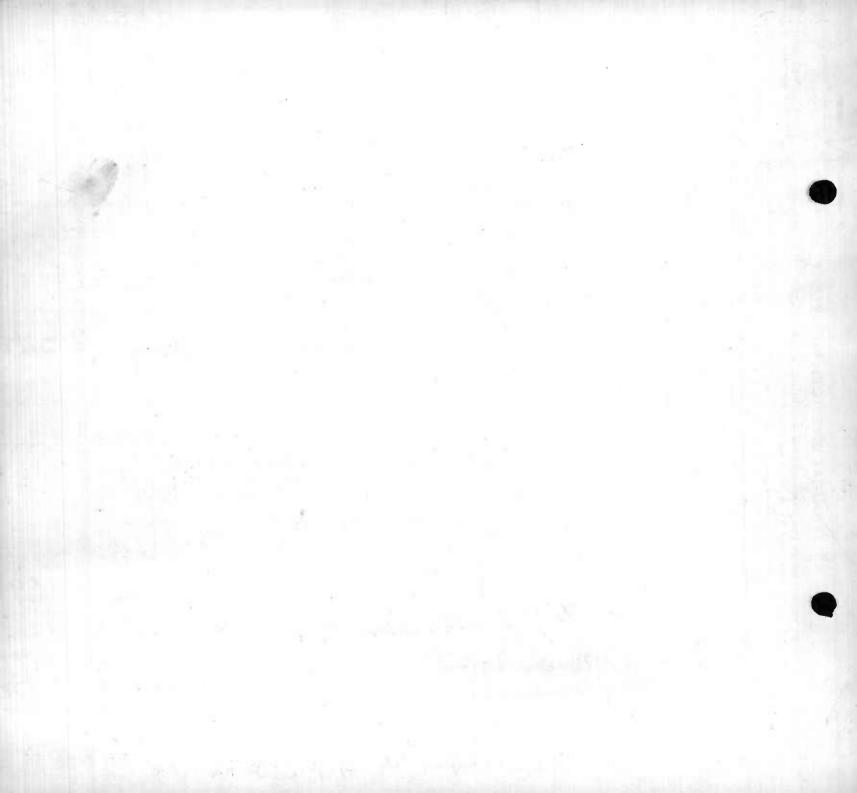
. I was a grape form a Straig , , A CONTRACT OF A STATE a series and a series of the contract of the c

MILDICAL LAAMINING CENTILICATE OF DEATH	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH
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DID	TU NO		WED	ICAL	EXAMINER 3	EKIIF	CATE OF	DEAT	REG. NO.			
	TH NO.	TEASED		F		2. DATE	Knawn X	Month	Day	Yeor	Hour	
(Typ	e ar Print)	CEASED	CARRO	LL WI	LIAMS	OF DEATH	Estimoted	June	5, 1969		Hour	M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE								Month	Doy	Year	Hour	
HO	L NAME OF SPITAL INSTITUTION	(IF NOT	IN HOSPITA	L OR INSTIT	UTION, GIVE STREET		RESIDENCE (When	June	5, 1969		10:30	
			ran Ho	spita	1 (DOA)	A. STATE	Maryland		B. COUNTY	16-	08	ssign)
	SEX	7. RACE		8. MARRIE	D NEVER MARRIED	C. CITY O	RTOWN		D. INSIDE CITY	LIMITS?		
I.	lale	Neg	ro	WIDOWE	DIVORCED		Baltimore		YES		No 🗆	
9. [PATE OF BIRT	H 1947	10. AGE (Ir last birthday 27	years ()	If Under 1 Yr. If Under 24 Hrs. Aonths Days Hours Min.	E. STREET	AND NUMBER 612 Allen	dale S	treet /	29)		
11.	BIRTHPLACE (S	State or fareign	n cauntry)	i:	2. CITIZEN OF	13. FATHE		dule b	2			
1	Dalto	ma	1,		WHAT COUNTRY?	1/2	med G	[. W.	Mun	(a)		
14A	USUAL OCCU	PATION (Give	kind af wark	14B. KIND	OF BUSINESS OR INDUSTRY	15. MOTH	ER'S MAIDEN NA	ME (2 6			
	Inem	. 10	an aremedy			24	Innna	1 5	acker	nKL	Oa,	
16.	WAS DECEAS	ED EVER IN	J.S. ARMED	FORCES?	17. SOCIAL	18. INFOR	MANT		ADD	RESS		
(Yes	, no or unknawn	(If yes, give w	or ar dates	of service)	SECURITY NO.	de	1 to and	1411	Minne	0. /	12/1	11. 1
	19.	- Park W			CAUSE OF DEA	TH TH	Carpor 4		nagym		PROXIMATE II	
	F 9	5/1			0.1001 0.1 01.1					BETV	VEEN ONSET	AND DEATH
		E OR CONDI		CTLY								
		LEADING TO			(A)IMMEDIATE C		rebro-cra	nial i	njuries			
	heart failure	ot meon the c, osthenia, etc. mplication whic	It meons the	diseose,	DUE TO, OR	AS A CONSE	QUENCE OF:					
		NTECEDENT (OR CONDITIO		GIVING	(8)	AS A CONS	EQUENCE OF:					
	RISE TO THE	E ABOVE CAL	JSE (A) STAT	ING THE	002 101 011	A 00110	EQUENCE OF					
Z	UNDERLAIR	NG CONDITI	ON LAST.		(C)							
읟			II	H.J. U								
CERTIFICATION	TO THE DE	ATH BUT NOT	RELATED TO	THE TERMIN						3377		
E E		CONDITION			OR WHICH OPERATION WA	AS DEDECT	MED			21 AUTC	PSY? (Yes	or Na)
当	ZVA. DAIL OI	r Or EKATION	200. CO	ADIIION F	OK WHICH OFERATION W	AS FERFOR	WED			21. 4010	77317 (100	0. 114
-											No	
ð		NAL CAUSE		2: h	2B. PLACE OF INJURY (e.g., ome, farm, factary, street, affice	in ar about e bldg., etc.)	22C. WHERE DID	(If in Saltima	re City, give exact	locotlan)	154	04
8	UTING CA				house						a Ave.	
Σ	22D TIME (Month) (Day) (Year) (Hour) 22E INTIRY OCCURRED 22E HOW DID INTIRY OCCURRED											
	OF INJURY (APPROX.) 6-5-69 ? m. WHILE AT WORK I Jumped from 3rd floor window											
	23.											
	I cert	rify that I he	eld on I	nquiry L		tap sy 📙	-	this basis,	death in my a	pinion		
	resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner											
Н		11	1	1	11		CHIEF MEDICAL	EXAMINER			DATE SIG	NED
	SIGNAT		ra L	11.	Jal MO	ASS	ISTANT MEDICAL	EXAMINER	X		DAIL SIO	1420
	EXAMIN		anlaa	C Cms	M D	ASS	OCIATE MEDICAL	EXAMINER			1000	
	NAME (1	lype)		5. Spi	ringate, M.D.					5,		
24. RE	MOVAL (Speci	MATION, 2	8. DATE	71	24C. NAME of CEMETERY	ar CREMAT	ORY 24D.	LOCATION	(City town,	ar county	(Ste	ate)
-	Busin	0,	1/100)	1/69	1000h VIA	10 (2	me.	5.50	tred	well	c. (1)	241
25	A. DATE REC'D	BY HEALTH	DÉPT.	1258. NA	ME OF REGISTRAR	25C.	FUNERAL DIRECT	FOR	ADI	DRESS		-
		V	1000	100	7	1	-00	& 1	1:	10	030 1	7 0.0
	151 051/ 1/1/1	JUN 6	1969	visibe	BE JOBELWO	01	pieles.	Tole	ellan	112	911.4	Elsten
V5	151-REV. 1/1/6	8	44.6)		U						V

Semeet a. Williams warmer. Frederica Wellermo - 672 (E) Brown 1/59 Ball Year Com. 5501 Fredricke Com BUREN LINES & Local Stranger

VS 150-REV, 1/1/68



JAN 6 A SEIDI 13440 Jumes at the Mary Otmanos

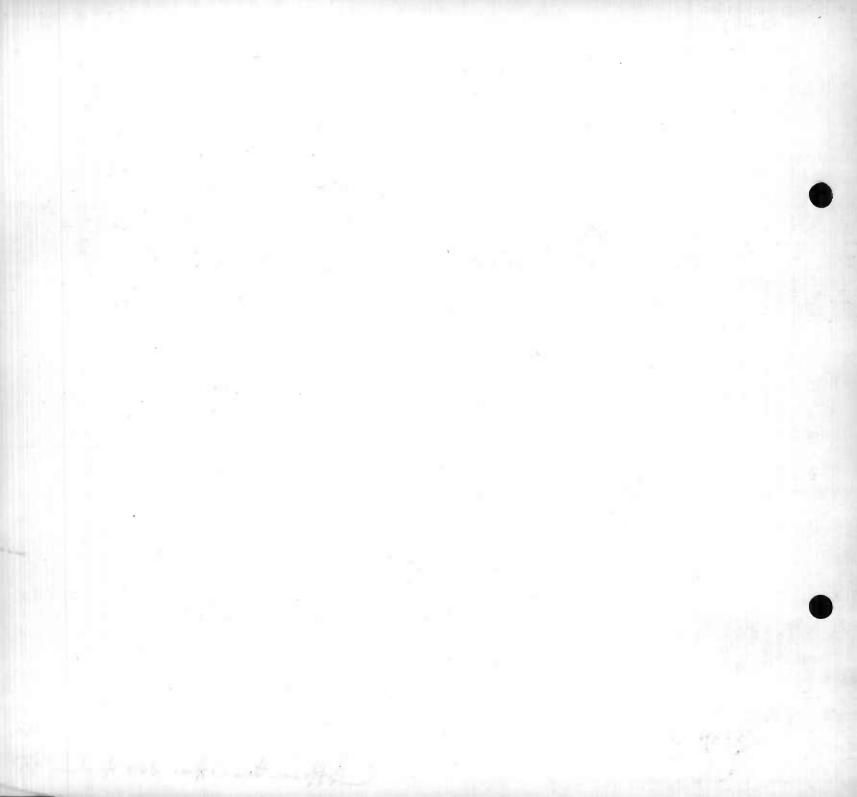
P	5-	L	5	1
•	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	ict of contributing cause of death) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	ne aeceasea prior to aeath. Such sosition is made.
IMPORTANT	or his assistant it	Also, it the aire	nounced death	med or final disp
FUNERAL DIRECTOR: IMPORTANT	d by the chief medical examiner	nture; (2) Body burns; (3) A fractur	t where the physician who pron	ned before the remains are embal
	This certificate must be approve	shows: (1) An accident of any na	was D.O.A. at a hospital (excep	written approval must be obtain

	69	579	40	HEALTH DEPARTMEN		69 579	30
BIRTH NO.			CERTIFICA	TE OF DEAT	H REG. NO.	.00 075	7.7
1. NAME OF DE				2. DAT	E AND HOUR OF DEA	ATH	
	William Brow	vn			June 3,	1969	6:00 a.A
3. PLACE IN BA	LTIMORE MARTLAND, W	VHERE PRONO	OUNCED DEAD		(Where deceased lived.	If institution; residence	ce before admission
FULL NAME OF	OF NOT IN HOSPIT	AL OR INSTIT	TUTION, GIVE STREET	Maryland		14-6	2.3
HOSPITAL OR	Provident Hosp			C. CITY OR TOWN	D.	INSIDE CITY LIMITS?	
	1514 Division			Baltimore		YES 🔼	NO 🗌
	Baltimore, Man		21217	E. STREET AND NUMB			
5. S EX	6. RACE			8. DATE OF BIRTH	d Hill Avenu		
Male	Negro		NEVER MARRIED	S. DATE OF SIRIH	9. AOE (In years lost birthdoy)	If Under 1 Yr. Months; Doys	If Under 24 Hrs. Hours Min.
		WIDOWED	DIVORCED T		72	43	0.13
done during most of	working life, even if retired)	TIOB, KIND O	L BOSINESS OK INDUSIKE	11. BIRTHPLACE (Stole o	r foreign country)	12. CITIZEN O	F WHAT COUNTRY
Unemplo				Baltimore, M	aryland	U.S.	A.
3. FATHER'S NA	ME		?	14. MOTHER'S MAIDEN	NAME		
						?	
5. Wos Decease	Ever in U. S. Armed For	rces?	1 6. SOCIAL	17. INFORMANT		ADD	RESS
res, no or onknow	in yos, give war or dote	oz or sorvice)	SECURITY NO. 217-07-4914	Moses Dand (The state of 1 000	4 D	11.0
18. /	7 37		CAUSE OF DEAT		Friend) 203		
dish. X	SE OR CONDITION DI	BEATLY	CHOSE OF DEAT		,		ROXIMATE INTERVAL EN ONSET AND DEATH
/ Disch	LEADING TO DEATH	RECILI		Position	nonitis		
(This does	nat meen the mode of	dying, e.g.,	(A) IMMEDIATE CAU	A CONSEQUENCE OF:			
injury or car	asthenia, etc. It means	the disease, death.)	,			1	
	ANTECEDENT CAUSES	11.00					
	OR CONDITIONS, if		(B) DUF TO, OR AS	A CONSEQUENCE OF:			
riso to th	e abave cause (A)	stating the		A CONSEQUENCE OF.			
UNDERLYIN	G CONDITION last,		(c)				
Z	[]		0	· 10 1 L			
- ITO THE DEAT	FICANT CONDITIONS CO THE BUT NOT RELATED TO THE	ILC VERSION AS	Sen	ility			
DISEASE OR C	ONDITION GIVEN IN PAR OPERATION 198 CON	T 1 (A).	WHICH OPERATION	1204 AUTORGYO /V	a Nall 200 to was him		
19A-DATE OF	WAS PERI	FORMED	WHICH OFEKATION	20A. AUTOPSY? (Yes	IN CERTIFYING	RE FINDINGS CONS	i Pidered
21A. ACCIDE	NT WAS UNDERLYING] 21B	PLACE OF INTURVIAGE	N O	ID (18 to Boliv	Charles 1	
OR CONTRIBI	NT WAS UNDERLYING UTINO CAUSE OF medical examined	hornetc	PLACE OF INJURY (e.g., i	fice bldg. INJURY OCCU	R?	lmore City, give exocl	locotion
01							
OF INJURY	(Month) (Doy) (Yearl		INJURY OCCURRED		INJURY OCCUR?		
(APPROX)		Wh	ile At No! While	· 🗆			
22. I certify	that (1) (this hospital) attended t	he deceased from 5-	28-69	19ta	6-3-69	19
1	last saw the decease				d that In(my) (aur)		
		(1	l) (We) (did) (did nat) v	law Abada da Gallada	e mar in/my/ (aur)	abilitan deatu gcc	orred on the date
23A. SIGNATU		/ Junave. (I	·/ (e) (gig) (gig ugs) A	iew the body after dec	arn.	DOD DATE SIGN	VED
	7.17	(sou de	AHO	nding Med.	T Shoff r⊽⊓	23R DATE SIGN 6-3-6	
23C. PHYEIGH	Allean	X	PEONEE	nding Med. Director	Staff X Phys.		סנ
PHYSICIA NAME (1	AHSAN S	VIIDE			vident Hospi		
AA SUDIAL CO		KHAN	DEGREE	1514 Division			
Burial CRE	C " 1		AME OF CEMETERY OF CRE		D. LOCATION	(City, town, or count	lyl (Stotel
Dui Ia.	1 / - / -			Cemetry	A A Co	unty Mi	9
SA. DATE REC'D	BY HEARTH DEPT. 1QC	SS NAME C	OF REGISTRAN	25C. FUNERAL DIREC	TOR	AD	DRESS
	iou.	Visited	of c. Valley AD	AdoZphu	s (Halstead	1206 W 1	North AV
S 150-REV. 1/1/	68						Ja Jin Mar



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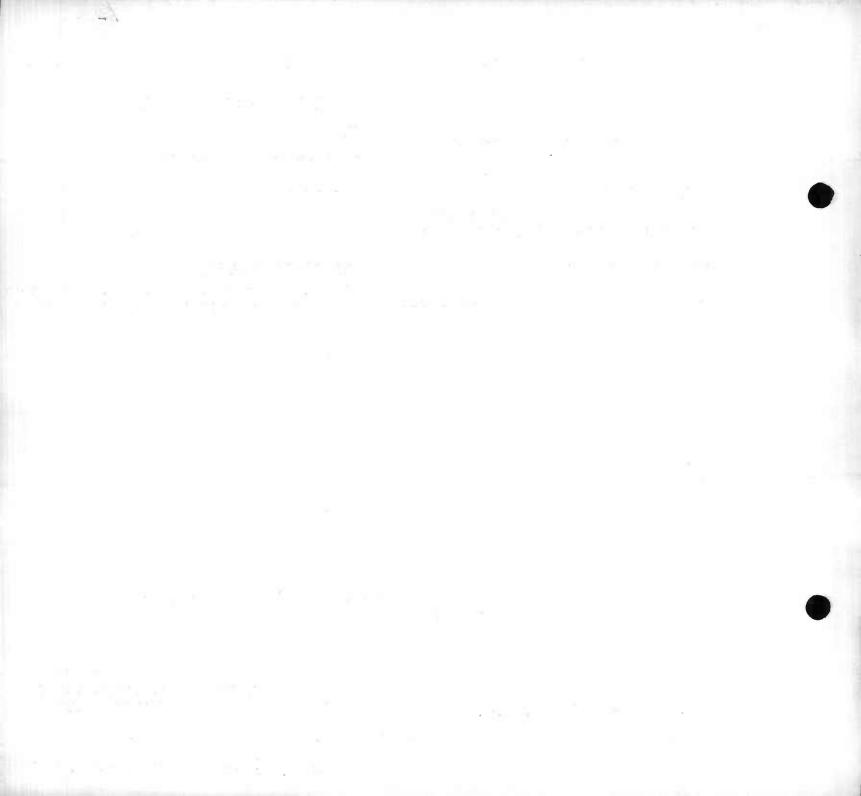
69 5	XIII	TE OF DEATH	REG. NO	69 5801
1. NAME OF DECEASED (Type of Print) AGNES JONES	CERTIFICA		AND HOUR OF DEAT	н
3. PLACE IN BALTIMORE, MARYLAND, WHERE PR		4. USUAL RESIDENCE (V A. STATE 8. CO MARYLAND	Vhere deceased lived. If	institution: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) INSTITUTION HILL NURSING CENT		BALTIMORE		VES NO NO
90		E SIREET AND NUMBER	OD AVE.	
5. SEX 6. RACE 7. MARI	WED DIVORCED 🔀	8. DATE OF BIRTH 12-12-01	9. AGE (In years lost (Arthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work) 108, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. SIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY!
13. FATHER'S NAME Bernhardt Pete	ism	14. MOTHER'S MAIDEN	Peterson	V
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of serv	ice) 1 6. SOCIAL SECURITY NO.	ADMISSION	RECORD	ADDRESS
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, girse to the above cause (A) stating UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUT DISEASE OR CONDITION GIVEN IN PART 1 (A).	the (C)			
19A. DATE OF OPERATION WAS PERFORMED	FOR WHICH OPERATION	NO O	IN CERTIFYING	E FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	21B. PLACE OF INJURY (e.g., inhome, form, foctory, street, o	n or obout 21C. WHERE DIE ffice bldg., INJURY OCCUR	? (If in Boltin	nore City, give exoct locotion
21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At Not While Work Not While At Work	e 🗖	INJURY OCCUR?	0
22. I certify that (I) (Nhis hospitel) attended that (I) (we) lost sow the deceased alive	on June:			plysion death occurred on the date
and hour and fram the causes stoted obor 23A. SIGNATURE Clause U 23C. PHYSICIAN'S	1. Left-will Atte	ending Med.	Staff Phys.	23B, DATE SIGNED
NAME (Type) C'LARENCE	W. LEDOUX OEGREE C. NAME of CEMETERY OF CR	352	D. LOCATION	Baltimore Man (City, town, or county) (State)
REMOVAL (Specify)	Dal Laun	Cemetery	Bult	(City, town, or county)/ (Stote) ADDRESS
25A, DATE REC'D BY HEALTH DEFIGE	E. Jaben 120	25C. FUNERAL DIREC	my launt	-3218 Auden 88.



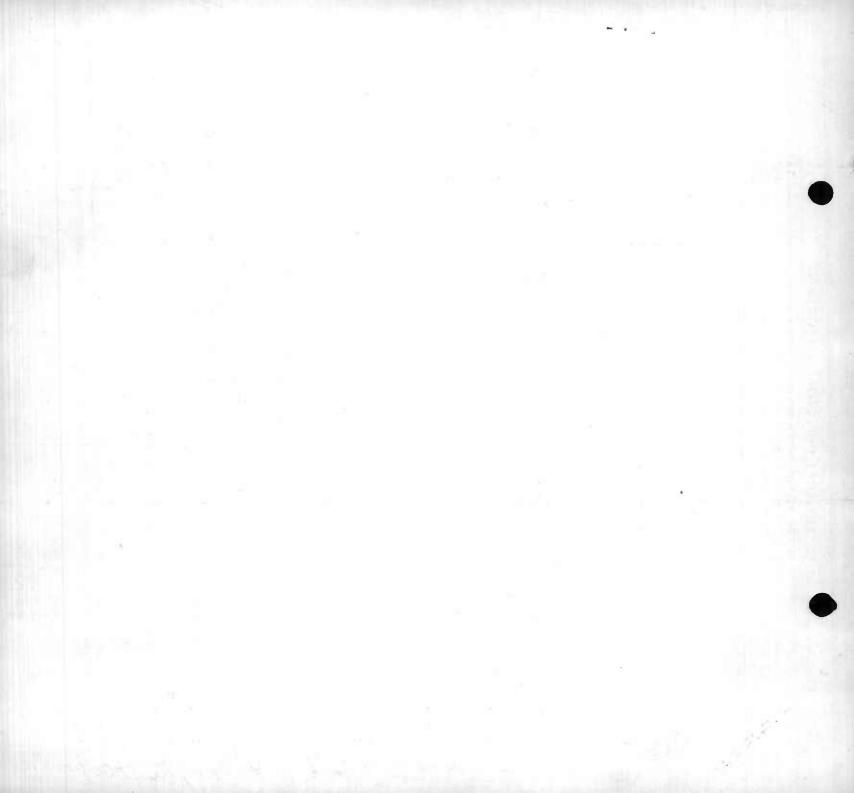


	69	50	BALTIMORE CITY	HEALTH DEPARTMENT				
BIRTH NO.	03	28	OS CERTIFICA	TE OF DEATH	REG. NO	69 5	5803	
1. NAME OF DECEASED				2 DATE	AND HOUR OF DEATH			
(Type or Print) WYAN	T GEOR	GE E		JUN	The state of the s	1	2 1.50	
3. PLACE IN BALTIMOR			UNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If in	stitution cosidose	Z:45P	
				IN STATE D. CU	UNTY	ismonon, resident	e before damission	
HOSPITAL OK	F NOT IN HOSPITAL	OR INSTITU	JTION, GIVE STREET	MARYLAND		15-	5.3	
INSTITUTION			001711	C. CITY OR TOWN	D. INS	DE CITY LIMITS?		
40	ST AGN	F 2 HO	SPITAL	BALTIMORE		YES X	NO 🗌	
				E. STREET AND NUMBER				
5. SEX 6. RA					NGTON BLVD	21230		
1		MARRIED [NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years last birthday)	If Under 1 Yr. Manths Days	If Under 24 Hr	
		MIDOMED [4 23 77	92	July 5	TIOUTS IVIII.	
OA. USUAL OCCUPATION one during most of working	N (Give kind of work 10	B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE Stole or fo	reign country	12. CITIZEN O	F WHAT COUNTR	
BREWER - F	TREMAN	BRE	WERY	MARYLAND				
3. FATHER'S NAME		- 1110	71 114 1 1 1					
				14. MOTHER'S MAIDEN N				
NICHOLAS				SARAH (UN	IKNOWN)			
S. Was Deceased Ever in Yes, na ar unknown) (if yes	U. S. Armed Farces	i? of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	BALT	D MD Rob	R39	
NO			215 05 407	2 ST AGNES H	OSP RECORDS	S WILKE	NS& CATO	
18. / /)	11		CAUSE OF DEATH		OUT THE COME			
DISEASE OR	CONDITION DIREC	TI V	Citate of Beat			BETWEE	OXIMATE INTERVAL N ONSET AND DEAT	
LEADI	NG TO DEATH	-161		USE Arterio - Selente C-V Diseas Many year				
(This does not med	in the made of dy	ying, e.g.,	(A) IMMEDIATE CAU	CONSEQUENCE OF:		11/42	y years	
heart failure, asthen injury or complication	o, elc. Il means the	e disease,		CONSEQUENCE OF:		1 '		
1	EDENT CAUSES			100				
			(B)					
DISEASES OR CO	re couse (A) st	oling the	DUE 10, OR AS	A CONSEQUENCE OF:				
UNDERLYING CON	DITION last.		(c)					
	11							
OTHER SIGNIFICANT	ONDITIONS CONTI	RIBUTING	non	L				
TO THE DEATH BUT I	OT RELATED TO THE TON GIVEN IN PART 1	TERMINAL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	************				
OTHER SIGNIFICANT OF TO THE DEATH BUT IN DISEASE OR CONDITION OF OPERA STATE OPERA STATE OF OPERA STATE OPERA S	TION 198 CONDIT	ON FOR W	HICH OPERATION	20A. AUTOPSY? IVes or	o) 208. IF YES. WERE F	INDINGS CONS	IDERED	
1 5/24/6	9 WAS PERFOR		Loox & (R) les	no	IN CERTIFYING CAL	ISES OF DEATH	?	
21A. ACCIDENT WA	LIND SELVING CT	21B.	LACE OF INJURY le.g., in	ar about 21 C. WHERE DID	(If In Boltimore	City, give exact	lacation)	
OR CONTRIBUTING	JCAUSE OF	home etc.)	, form, factory, street, off	ce bldg., INJURY OCCUR?	h. III bouning.	City, give exact	ideananj	
21 D. TIME (Month	100)						
S OF INJURY	i iDayi irean ii		INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?			
(APPROX.)		While	Nat While					
22. I certify that ()	(this hospital) a	ttended the	e deceased from	MAY 23	169 10 JU	JNE 5	69	
that (K (we) last s				169 and 1			19	
			Colors Mental Street Street		hat in (my) (our) opin	ilan death occi	urred on the dat	
23A. SIGNATURE	the causes stated	abave. (1)	(We) (did) (X(X)X()X) vi	ew the body after death				
23A SIGNATURE	D D	1	2.10			23B DATE SIGN	ED	
11/000	n 05, 000	umbe	M DEGREE Phys.	ding Med. Director	Staff Phys.	6/5/	19	
23C. PHYSICIAN'S NAME (Typel		6		D. ADDRESS		-/-/	0 /	
MODTON	D DILIVER	00 14 =		A				
IA. BURIAL CREMATION	B KLUMKEE	24C NA	DEGREE ME OF CRES		SP BALTO MD	21229		
MORTON 44. BURIAL CREMATION REMOVAL ISpecify) Burial	6-7-69	T	den Dowl- Come		7.11	, tawn, or caunty	(Stote)	
			don rath come			ryland		
SA. DATE REC'D BY HEA		L NAME OF	A 3 AA -1	25C. FUNERAL DIRECTO			DRESS	
JU	ו בסבו בא	violent!	t. Valber, M.D.	Howard H. H	abbard 4107 V	Vilkens A	ve. 21229	
S 150-REV. 1/1/68					·			

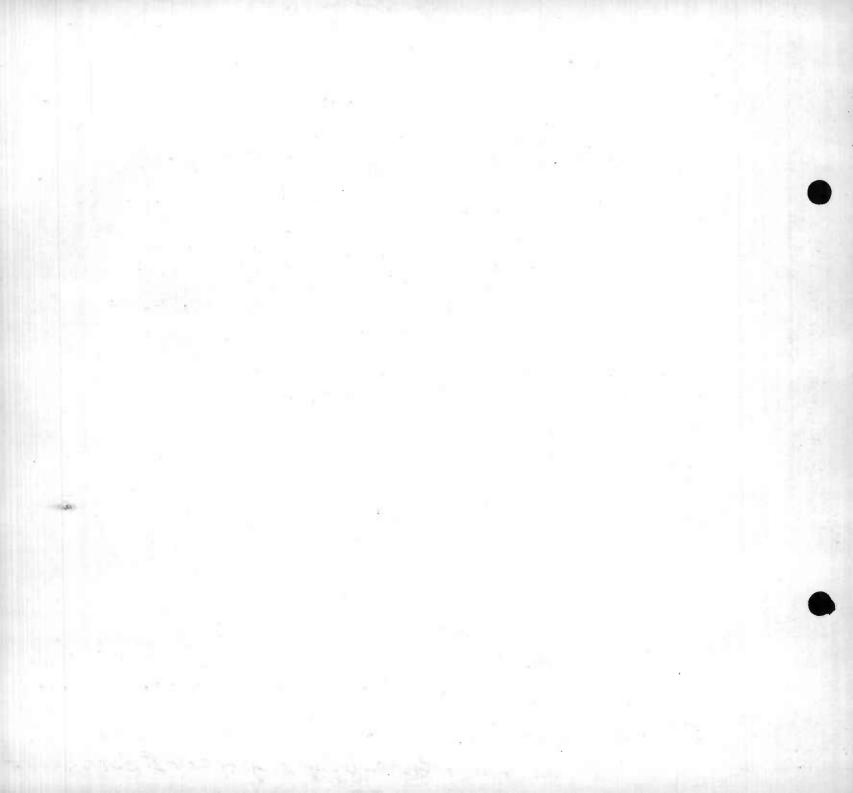
	69	580	A BALTIMORE CITY	HEALTH DEPARTMENT	/		
BIRTH NO.	00	JOU	CERTIFICA	TE OF DEATH	REG. NO	69	5804
1. NAME OF DEC				2. DATE AN	D HOUR OF DEAT	н	
	HUMPHR I E S				5, 1969		2:00
3. PLACE IN BA	LTIMORE, MARYLANO, WHERI	PRONO	UNCEO DEAO	4. USUAL RESIDENCE (Wheel	e deceased lived. If	institution; reside	nce before admis:
FULL NAME OF HOSPITAL OR		R INSTIT	UTION, GIVE STREET		ANNE ARUN	IDEL	51-01
INSTITUTION	AODRESS OR LOCATION	4)		C, CITY OR TOWN		ISIDE CITY LIMITS	?
110	OT AGUEG I	1000		GLEN BURNIE		YES 🗌	NOM
40	ST. AGNES H	10SP	IIAL	E. STREET AND NUMBER			
•				7227 CROWN I	RD 2106	1	
S. SEX	6. RACE 7. N	ARRIED	NEVER MARRIED		9. AGE (In years last birthdoy)	II Under 1 Y Months! Ooy	r. It Under 24 s Haurs Mir
MALE		DOWED		09/01/07	61		
OA. USUAL OCC	UPATION (Give kind of work 108, working life, even if refired)	KIND OF	BUSINESS OR INOUSTRY	11. BIRTHPLACE (Stole of forei	gn country)	12. CITIZEN	OF WHAT COUN
METER I	INSTALLER GAS	3 6	ELECTRIC CO	MARYLAND		U.S.	Λ
3. FATHER'S NA				14. MOTHER'S MAIDEN NAM	AE	0.3.	P1
FRANCIS	HUMPHRIES			ALICE (NEE GA	MIEVI		
5 Was Deconord	From the III of America Common		1 6. SOCIAL		•		Dacca
tes, no or unknown	Ill yes, give wor at doles of	service)	SECURITY NO.	17. INFORMANT Humph			
YES	WW II		212-05-6011 CAUSE OF DEATH	ST. AGNES	HOSPITAL	RECORDS	210
DISEASES CONSE TO THE SIGNIF	and mean the mode of dyin asthenia, etc. It means the application which coused death ANTECEDENT CAUSES OR CONDITIONS, it any, the above cause (A) statistics of the couse	giving ng fhe	(B)	A CONSEQUENCE OF: A CONSEQUENCE OF: 20 A. AUTOPSY? (Yes or No)	tasis	EFINOINGS CON AUSSES OF DEAT	ISIOERED H?
OR CONTRIBU	NT WAS UNDERLYING DITING CAUSE OF	21 B. hometc.)	e, form, fociary, slicet, offi	or obout 21 C. WHERE OLO		ore City, give exo	
210. TIME	(Month) (Ooy) (Year) (Ho		INJURY OCCURRED	215 110111 210 1111			
OF INJURY	trium tooyi troom the		le At Not While	21F. HOW OID INJU	RY OCCUR?		
(APPROX)		Worl	k L Al Work				
22. I certify	that (1) (this haspital) atte	ended th	ne deceosed from MA		69 to JUN	E 5	19 69
that (I) (we)	last saw the deceased alf	ve an	JUNE 5	19 69 and tha	t In (my) (aur) ap	Infan deoth oc	curred an the d
and hour and	from the couses stated of	bove. (I)	(We) (did) (did not) vi				
23A. SIGNATU	RE					23 R. OATE SIG	NED
	H. Sham	S),	M.D. Atten	ding Med. Director Director	thaff hys.	00	05 (0
23C. PHYSICIA	N'S		GCOREE	D		<u> </u>	
NAME (T				BAL		MARYLAN	
4A. BURIAL CRE/	AMS - PIRTADEH,	M D	ME of CEMETERY OF CREA		CATON &		
REMOVAL (S	Specify)	1			imore, Mai	ily, town, or cour	nly) (Stote)
Burial			ltimore Nation		.Imore, rai	yland	
DA. DATE REC'O			F REGISTRAR . B. B. B. M. B.	Howard H. Hol	obard 4107	Wilkens	Ave. 212
S 150-REV. 1/1/6							



	00	FOOF	BALTIMORE CITY	HEALTH DEPARTMENT		69 5805
BIRTH N	10 = 101769	5805	CERTIFICA	TE OF DEATH	REG. NO	00 0000
	E OF DECEASED		-		AND HOUR OF DEATH	1 (10 0
	CE IN BALTIMORE, MARYLAND, WHER	RAKIS	DEAD	JUN		institution: residence before admission)
				A. STATE B. CO	UNTY	16-15
HOSPIT INSTITU		N)		C. CITY OR TOWN	D. IN:	SIDE CITY LIMITS?
24	BON SECOU	1R5 HOS,	PITAL	BALTIMORY	- 21223	YES 🔀 NO 🗌
1				8 24 9 R	PPOLLA S	7
5. SEX	6. RACE 7. A	MARRIED NE	VER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. II Under 24 Hrs. Manths! Days Hours Min.
MA		IDOWED	DIVORCED	JUNE 4, 1969		1 21
	UAL OCCUPATION (Give kind of work 10 B. ring mast of working lile, even if retired)	. KIND OF BUSIN	IESS OK INDUSTRY	11. BIRIMPLACE (State or	areign cauntry)	12. CITIZEN OF WHAT COUNTRY?
13. FAT	HER'S NAME			UNITED ST	ATE 5	WITED STATES
	JOHN FORAKIS			111661141		100616
15. Was	Deceased Ever in U. S. Armed Forces? arunknown) (If yes, give war ar dates of			17. INFORMANT	PROTO FAN	ADDRESS
(1es, no	arunknown/ (it yes, give war ar dales at	service/ SE	CURITY NO.	Hospita	Leed	
1B.	77691		CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECT	TLY		1117	*	
	nis daes nat mean the mode of dyi		(A) IMMEDIATE CAU	SE WWW W A CONSEQUENCE OF:	ASING.	
	art failure, asthenia, etc. It means the ury ar camplication which caused dea			1		
	ANTECEDENT CAUSES		(B)	frenatura	1/4	
	SEASES OR CONDITIONS, if ony, of the above cause (A) sta		DUE TO, OR AS	A CONSEQUENCE OF:	8	
	DERLYING CONDITION last.		(c)		•••••	
Z		IBUTING				
A DISI	THE DEATH BUT NOT RELATED TO THE TE	ERMINAL (A).			~~~~~	
MATERIC 19A	A DATE OF OPERATION 19B. CONDITION WAS PERFORM	ON FOR WHICH	OPERATION	20A. AUTOPSY? (Yes or	Na) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
U 21 A	A. ACCIDENT WAS UNDERLYING	21B. PLAC	E OF INJURY (e.g., in	or about 21 C. WHERE DIC	(If In Ballimo	are Cily, give exact lacation)
OR	CONTRIBUTING CAUSE OF ATH (notily medical examiner)	home, farm	n, tactory, street, oli	nce bidg, INJURY OCCUR		
□ 21 D	O-TIME (Manth) (Day) (Year) (H		RY O C CU RRED	21F. HOW DID	NJURY OCCUR?	
(AP	PROX.)	While At Wark	Nat While			
22.	I certify that (1) (this hospital) at	tended the dec	eased from	0-4	19 69 to 6	- 4 19 G Z ,
	t (I) (we) lost saw the deceased o		- 4 -			inlan death occurred an the dote
	haur and from the couses stated a .SIGNATURE	obove. (I) (We)	(did) (did not) v	iew the body ofter deot	h.	23 B. DATE SIGNED
234	4.I. U.T. PT!	14	// Dh	nding Med.	Staff	6-4-69
23 C	C.PHYSICIAN'S NAME (Type)	as M.	DEGREE Phys	Director L	Phys.	10 7 0
	ESTRELLITA PT	FRIAS	M.D.	RON SEDALL	RS HOSP	ITAI.
24A. BU		24C. NAME	CEMETERY OF CRE	MATORY 24D	LOCATION (City, town, or county) (State)
	ORIAL Specify)	STP	CEMETERY OF CRE	MATORY 240	LOCATION BELL	for my
	ATE REC'D BY HEALTH DEPT. 258	STP	CEMETERY OF CRE	MATORY 24D	Dece	Lity, town, or county) (State) ADDRESS (-
25A. DA	ORIAL Specify)	STP	eters (2n	Dece	fo my



5-22	CO FOOG BAL	TIMORE CITY HEALTH DE	PARTMENT	50 5000
9 2-00	69 5806 CE	RTIFICATE OF	DEATH REG. I	No. 69 5806
BIRTH NO.			2. DATE AND HOUR OF	DEATH
	SCHOCK MARY	class & = Th	6-4-69	1 / 10 P
	LAND, WHERE PRONOUNCED DE	D 4. USUAL R	ESIDENCE (Where deceased liv	red. If institution: residence before admission)
		A. STATE	B. COUNTY	16-10
FULL NAME OF (IF NOT I ADDRESS	N HOSPITAL OR INSTITUTION, GIV OR LOCATION)	E STREET Maryl		D. INSIDE CITY LIMITS?
INSTITUTION	RE CITY HOSPITALS	C. CITT OR I		YES MO NO
1	stern Ave	E. STREET A	ND NUMBER	123 140
3-1	re, Maryland #2122		East Baltimore	St. #21224
5. SEX 6. RACE	7. MARRIED NEVER		BIRTH 9. AGE (In ve	ors If Under 1 Yr. If Under 24 His.
Female Whit	e WIDOWED ☑ DI	VORCED [10/12/1	ISS lest birthdey) 79	Months Doys Heurs Min.
toA. USUAL OCCUPATION (Give I dene, during mest of werking life, even	kind of work 10 B. KIND OF BUSINESS	OR INDUSTRY 11. BIRTHPLA	CE (Stole or fereign country)	12. CITIZEN OF WHAT COUNTRY?
Housewipe		Mar	yland	USA
13. FATHER'S NAME			S MAIDEN NAME	
torrob	Clara	F/12	46 27h	
15. Wos Deceosed Ever in U. S.	Armed Ferces? 16. SOCIA	17 11500144	NT	ADDRESS
(Yes, ne er unknown) (If yes, give v		TY NO. BCH Rec	cords: 4940 East	
110		SE OF DEATH	Baltimore	, Maryland #21224
182/32,91		SE OF DEATH	. James A	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDI	TION DIRECTLY	Basilar (Ertey Thrond	0055 12 hrs
(This does not meen the	made of dying, e.g., (A)!	MMEDIATE CAUSE DUE TO, OR AS A CONSEQUEN	O OF	
heart failure, asthenia, etc.	It means the diseose,	700 10, OK AS A CONSEQUE!	vec or.	The second second
ANTECEDENT		0.1 0	1. Mag. 0.	Dail Was 11
	(B)	ULE TO OR AS A CONSEQUE	retr Vascuse	r Disease years
DISEASES OR CONDITION		00 10, 01 A3 A CONSEQUE	NCC OT.	
UNDERLYING CONDITION	I last. (C).			
, II				
OTHER SIGNIFICANT CONDIT				
▼ DISEASE OR CONDITION GIV		RATION 20A. ALLTO	OPSY? (Yes er Ne) 208. IF YES,	WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION	WAS PERFORMED		IN CERTIFY	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
U 21A. ACCIDENT WAS UND	RLYING 218. PLACE OF	INJURY (e.g., in or obout 21C	WHERE DID (If In	Boltimore City, give exect lecution)
OR CONTRIBUTING CAUS	E OF heme, ferm, fee	tery, street, office bldg., INJ	URY OCCUR?	
0	y) (Yeer) (Hour) 21E. INJURY O	CCUPPED	HOW DID INTERS OCCUR	
S OF INJURY	White At	Not While	HOW DID INJURY OCCUR?	
(APPROX.)	Work Work	At Work		
22. I certify that (I) (this	hospital) attended the decease			June 4 1969,
that (1) (we) ast sow the	deceased alive on	June 4 19 6		ur) opinion death occurred on the dote
	uses stated obave (1) (We) (did	1) Ydid not) view the bad		
23A. SIGNATURE		1 100	,	23B. DATE SIGNED
1,5700 = 1.	1 SECOL	Attending	Med. Staff Phys.	June 4, 1969
23C. PHYSICIAN'S	· Colouran	DEGREE Phys		
23C. PHYSICIAN'S NAME (Type)	11 7		4340 Pasterli W	venue, Baltimore, Md. 21224
WILLIAM	W. BROCKMAN	DEGREE Bal		
24A. BURIAL CREMATION, 24B.	DATE 24C. NAME et CEI	METERY OF CREMATORY	24D. LOCATION	(City, tewn, el ceunty) (Stete)
BURTAL 4	17/69 DAKIAU	unceal.	BD/+14	oreald.
25A. DATE REC'D BY HEALTH D	EPT. 258. NAME OF REGISTRA	R 25C. FUN	ERAL DIRECTOR	ADDRESS
DIALLE	1969 Best E. Stan	Dev 16.00 Bol 4	BBOWSAI 28	18 L. BOITHOREST.
11 117 .7				

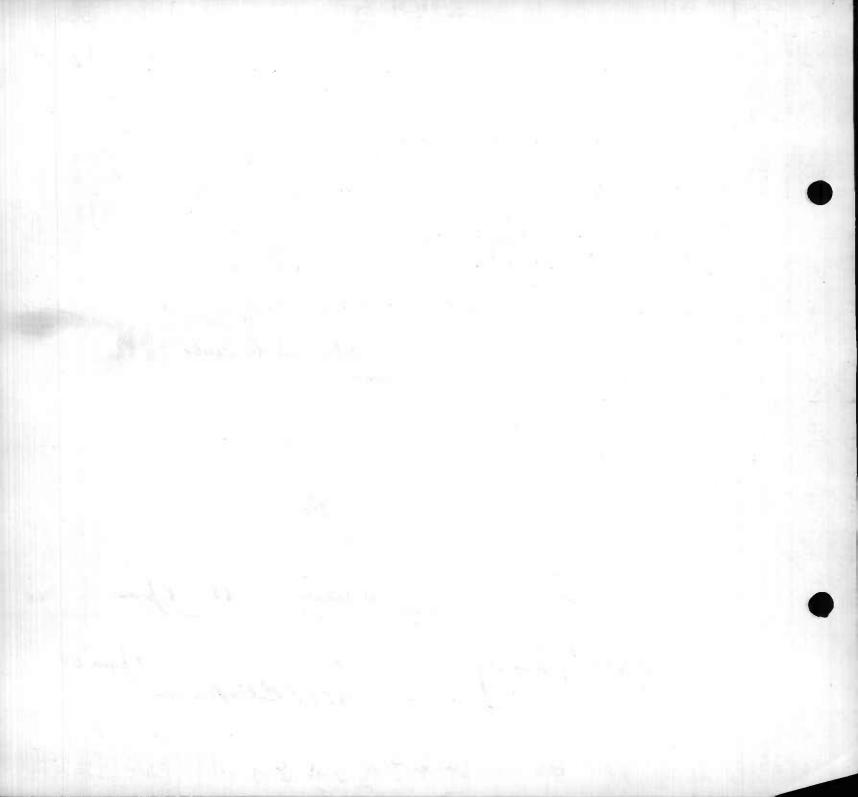


	00 500		HEALTH DEPARTME		69	5807
BIRTH NO.	69 580	7 CERTIFICA	TE OF DEAT	H REG. NO.	4 4	0007
Type or Print	Pinne	CMOSKA	2. DA	TE AND HOUR OF DEATH	1/10	
3. PLACE IN BALTIMORE MARYLA	ND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE	(Where deceased lived If	institution: reside	ence before admission)
FULL NAME OF (IF NOT IN I	TITZNI SO LATISZOF	UTION, GIVE STREET	Marylan		ck /	10.11
HOSPITAL OR ADDRESS OF	LOCATION)	SHOW, GIVE STREET	C. CITY OR TOWN		ISIDE CITY LIMIT	5?
			Frederic	ck	YES X	NOTE
33 The Johns H	opkins Ho	spital	E. STREET AND NUM			
			311 W.	Fifth Street		
5. SEX 6. RACE White		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Months Doy	Yr. If Under 24 Hrs.
	WIDOWED		5/22/00	69		
tOA, USUAL OCCUPATION (Give kind done during most of working life, even if r	etired)	BUSINESS OR INDUSTRY		ar foreign country)	12. CITIZEN	OF WHAT COUNTRY
House-work	Own	Home	Maryland		U. S	S.
13. FATHER'S NAME			14. MOTHER'S MAIDE	N NAME		
George B. Lare			Marga	ret E. Hamil	Lton	
15. Was Deceased Ever in U. S. Arm (Yes, no or unknown! (II yes, give wor	ed Forces?	16. SOCIAL SECURITY NO.	17. INFORMANT		311 W. 39	DRESS
No		214-10-1100A	Charles E.	Riddlemoser	Frederic	k. Md. 2170
18. / 8 3 0		CAUSE OF DEAT	H /)		I A	PPROXIMATE INTERVAL
DISEASE OR CONDITIO	N DIRECTLY		1100		BETW	VEEN ONSET AND DEATH
LEADING TO DI		(A)IMMEDIATE CAU	SE RISK	5.		,
(This does not mean the mo heart failure, asthenia, etc. It is	means the disease,	DILETO OF AC	A CONSEQUENCE OF:			**************************************
injury or complication which c	oused deoth.)	161	nillian 6	Chance	nn.	ク
ANTECEDENT CA	AUSES	(B) (CA)	allen	Willen	1100	5
DISEASES OR CONDITIONS		DUE TO, OR AS	A CONSEQUENCE OF:			
UNDERLYING CONDITION IO		(c) A -	of w.	4 BIES		
11		/8 /	2 -)		
OTHER SIGNIFICANT CONDITION	S CONTRIBUTING	Value	do strace	/ .	- 1	
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION GIVEN	IN PART 1 (A).	1 Knaju	mycore			
19A. DATE OF OPERATION 19B	CONDITION FOR V	WHICH, OPERATION	20A. AUTORY? (Yos	or No. 208, IF YES WERE	FINDINGS COL	NSIDERED TH?
U 121A/ACCIDENT WAS IINDERLY	INGET 1218	PLACE OF INJURY (e.g., (e	The should be willed	ND "11 D In	- 60	
OR CONTRIBUTING CAUSE O		e, form, foctory, street, of	fice bldg., INJURY OCCI	UR?	ore City, give exc	act lacation)
S OF INJURY		INJURY OCCURRED ILE AT Not While		D INJURY OCCUR?		
(APPROX)	Woo	ik Al Work		10	cholic	
22. I certify that M (this ho	spital) attended t	he deceased from	7/29/01	1967 to C	76/64	19
that (1) (we) last saw the de	ceased alive on	6/6	19/2/	nd that in (my) (our) of	inton death o	ccurred on the date
and have and from the causes stated abave. (M'(We) (did) (atd not) view the body after death.						
23A, SIGNATURE						
11/1/11/11/11	(/)	DEGREE Phys	nding Med.	Staff Phys.	6/15	110
29C. PHYSICIANES			23D. ADDRESS	11 11	19	101
IK 1011	IRIE	111	Jann	KONVIN	es H	DOMA
24A. BURIAL CREMATION, 24B. DA	TE 24C.N/	ME of CEMETERY OF CRE	MATORY 2	4D. LOCATION (C	City, town, or car	uyity) (State)
Burial 6/9		derick Memori	al Park	Frederick, Ma	ryland	21701
25A. DATE REC'D BY HEALTH DEPT.		OF REGISTRAR	25C, FUNERAL DIR		- 1	DDRESS
(IIN 9	1969 Pale	E Jake NO	O Etchilo 2	FONERAL HO	200 1 1V	REDERICL
	HOUSE MADE	a - Nausey TED.	616/1301	1 11/2/201 /18	-16	erod

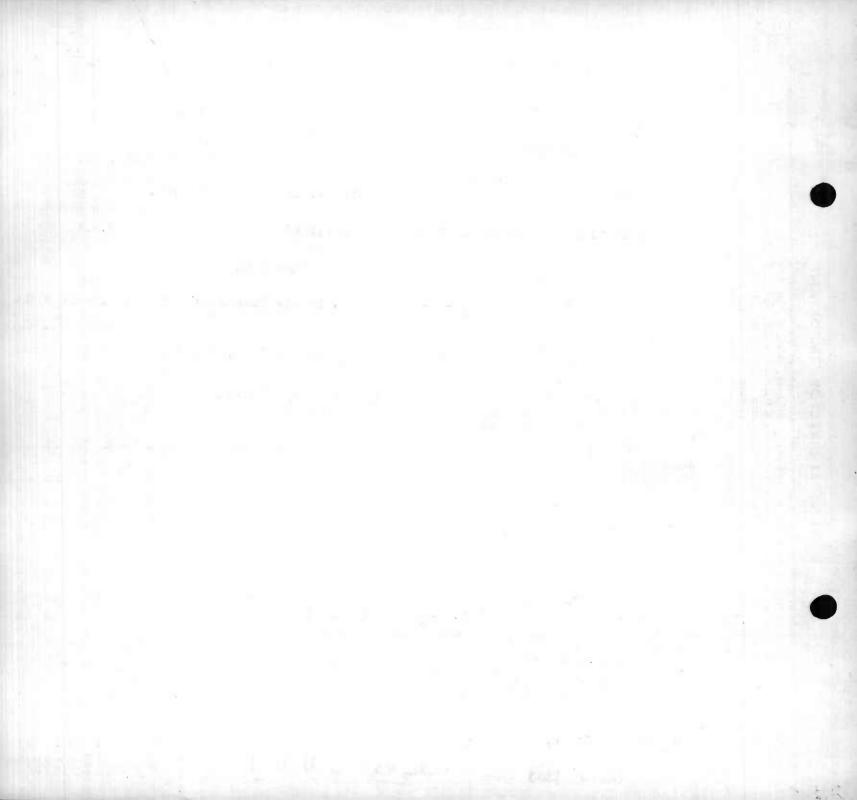
0	0715	69 5808 CERTIFICATE OF DEATH REG. No. 69 5808
	p to b to	BIRTH NO. CERTIFICATE OF DEATH REG. NO. 03 3008
	deat deat ease n th Suc	I. NAME OF DECEASED
	5 9 6 5	CHARLES S. JACOBS 5 JUNE 1969 8:45 PM
	spital and of deat () Decease or the or the eath. Suc	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Whore deceased lived, If institution: residence before admission) A. STATE 8. COUNTY
	_ 0 0	100000000000000000000000000000000000000
		FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET MARY LAND 23-02 INSTITUTION C. CITY OR TOWN D. INSIDE CITY LIMITS?
	cau use; tend	7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -
	fin ng caus	SOUTH BALTIMORE GENERAL HOSP. DALTIMORE YES NO
	0	1507 S, CHARLES ST.
	tribut mined gular sed p	5. SEY 16 BACE 17
	contribut contribut etermined n regular sceased p	MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	o no no no si si si	IGA HEHAT OCCUPATION OF THE TOTAL TO
	E . T	done during most of working life, even if retired
	ded Unc as e d	BUDGRETIRED SOCI SEC, MARYLAND U.S.Q.
	irec irec (4) th lispe	Hewery Yacobs LINNIE?
AN	stant ne di ind; leath e on	15. Was Declared Ever in U. S. Armed Ferces? 16. SOCIAL 17. INFORMANT
E	ssist the the de de nce fina	
ORT,	34 20 0	CAUSE OF DEATH
4		DISEASE OR CONDITION DIRECTLY
MP	Also, Also, oun countries arther med	LEADING TO DEATH (A) IMMEDIATE CAUSE PULM ON ATEY EMPHYSEMA
		(This does not meon the mode of dying, e.g., heart failure, ashenio, etc. It means the disease,
8	actu pro ular mba	injury or complication which caused death.)
CTOR	fra o me	ANTECEDENT CAUSES (B) CHRONIC BRONCHITIS
5	Xamicami A fr who	I DISEASES OF CONDITIONS, II duy, alving Due to, or as a consequence of:
8	S E E	rise to the obove cause (A) stating the
DIRE	ical cal ns; cia cia as	ONDERCTING CONDITION last. (C)
-	medical burns; hysicic n was remair	Z OTHER CICAMERICANT CONCERNATIONS
4		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). LECTRULYTE IMBALANCE
	A COS	O DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yos or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFING CALLSES OF DEATH?
FUNER	by a me by a me 2) Body by re the ph physician fore the re	1994-DATE OF OPERATION 1995 CONDITION FOR WHICH OPERATION 2004 AUTOPSY? (Yos of No.) 2015 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
3	the all by (2) ere o ph	In Bollimore City, give exect location
	by the spital b ure; (2) where (3) No phed before	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
	d & said	21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR
	hosp natur sept w d (6) ained	21D. TIME (Month) (Doy) (Yeor) (Hour 21E INJURY OCCURRED While At Work 21 Work
2		
	ppro the any (exc obt	22. I certify that (1) (this hospital) attended the deceased from 19 MAY 19 67 to 5 JUNE 19 69
	- 0	that (1) (we) last saw the deceased alive an 5 JUNE 19 69 and that in (my) (aur) apinian death accurred an the date
		and hour and from the causes stated above. (1) (We) (dld) (did not) view the body after death.
	eased ident nospit nospit must	23A. SIGNATURE 23B. DATE SIGNED
	20.22 1	Starry Clan Slum m1) DEGREE Phys. Director Phys. Staff Staff 6+5-69
	0 - 0>	28 C. PHYSICIAN S 23 D. ADDRESS
	certificate mody was related to the control of the	BARRY ALAN BLUM MD SOUTH BALTIMORE GENERAL HOSPITAL.
	# 554 B	24A, BURIAL CREMATION 1248 DATE DICCHARGE CENTERS
	T & O O E	TOTAL ISpecify
	bo bo	29A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C PHINERAL DIRECTOR
	This certifue body shows: (1) was D.O. deceased written a	The state of the s
		JUN 9 1969 Livers & Jassey M.D. 8/PCC4/13-130 & Fart live 2/250
		VS 150-REV, 1/1/68



VS 150-REV. 1/1/68

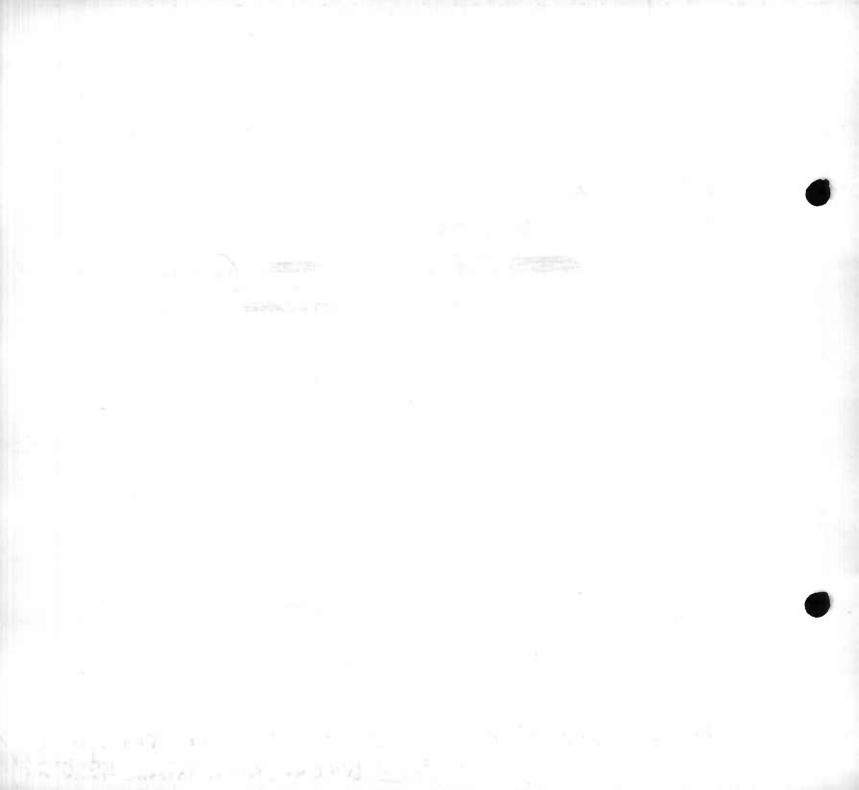


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VS 150-REV. 1/1/68



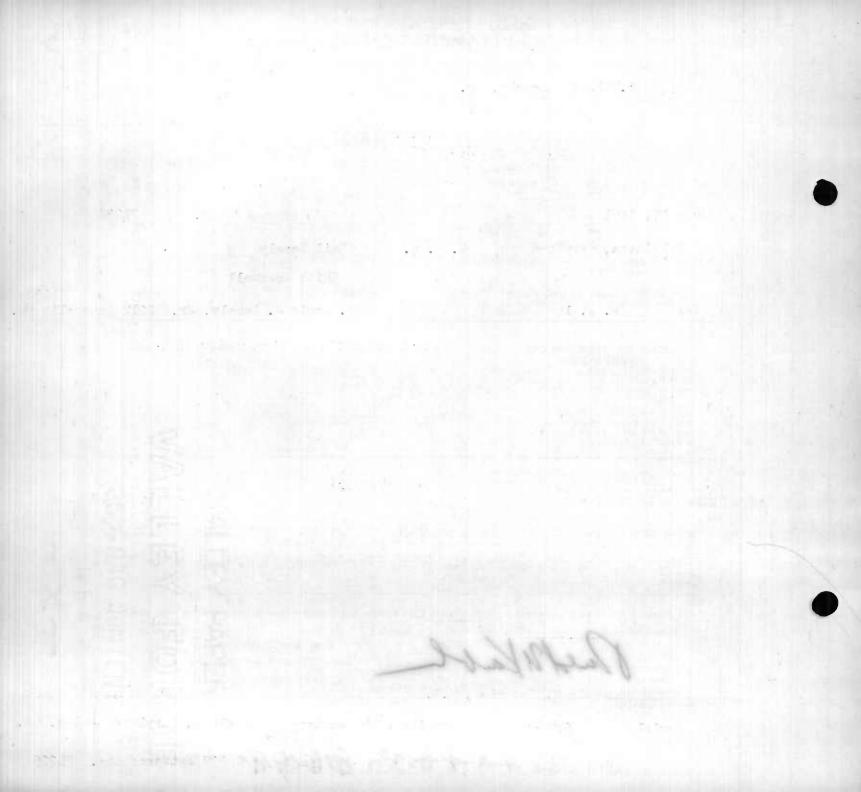
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5813 BALTIMORE CITY HEALTH DEPARTMENT

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CH	.,]	U	0	1	0

BIRTH NO.	MED	DICAL I	EXAMINER'S C	CERTIF	ICATE C	F DEATI	REG. NO)	0010	
NAME OF DECE	ASED			2. DATE	Known 🔯	X Month	Doy	Yeor	Hour	
LOUIS	A WENERY	Demely.	Sr.	OF DEATH	Estimoted	□ 6	4	69	8:06	au
4. PLACE IN BALTI	MORE, MARYLAND, V			3. DATE		Month	Doy	Yeor	Hour	144.
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA		TION, GIVE STREET		OUNCED DEAD	Jun		1969	8:06	
OK INSTITUTION			D.O.A.	A. STATE	RESIDENCE (W		ed. If institution	on: residence b	efore odmis	ion
	South Balto.				Marylan	d		de	9-3	9
S. SEX	7. RACE	8. MARRIED	NEVER MARRIED	C. CITY O	RTOWN		D. INSIDE	CITY LÍMITS?		
Male	White	WIDOWED			Balt			YES X	NO 🗌	
July 27,	lost birthdo		Under 1 Yr. If Under 24 Hrs. onths: Doys: Hours: Min.		AND NUMBER 2217 Ann		ď.	2123	0	
	ote or foreign country)	12.	CITIZEN OF	13. FATHE		apolib R	C	~_~_		
	nere, Maryla		WHATCOUNTRY?		mil Deme					
4A.USUAL OCCUP: one during most of wo	ATION (Give kind of work orking life, even if retired)	148. KIND O	F BUSINESS OR INDUSTRY		er's maiden r Edith Roo					
6. WAS DECEASE	D EVER IN U.S. ARMEI	FORCES?	17. SOCIAL	18. INFOR				ADDRESS	2	1230
ies, po or unknown)(If yes, give wor or dotes	of service)	SECURITY NO.	Mr.	Leuis A	. Demely	Jr.	2217 A	nnapel	D
19.4/	24,		CAUSE OF DEA	тн					PROXIMATE IN	
DISEASE	OR CONDITION DIRE	CTLY	Arterios	clerot	ic cardi	ovascula	r dise			
	EADING TO DEATH		(A)IMMEDIATE C	AllSE						
(This does not	t mean the made of dy	ring, e.g.,	DUE TO, OR		QUENCE OF:					
	olication which caused de									
40.0	TECEDENIA CANCES									
	TECEDENT CAUSES R CONDITIONS, IF AN	Y GIVING	(B) DUE TO, OR	AS A CONS	EQUENCE OF:					
	R CONDITIONS, IF AN' ABOVE CAUSE (A) STA G CONDITION LAST.	TING THE								
Z	G CONDITION LAST.		(c)							
2	11	ONITRIBUTIN	_				- 13			
TO THE DEAT	FICANT CONDITIONS C TH BUT NOT RELATED TO	THE TERMINA		rthrit	is					
	CONDITION GIVEN IN P							los Allzo	Devo /V	- N/-A
DATE OF	OPERATION 208. CO	NUIIION FO	R WHICH OPERATION W	AS PERFOR	MED			ZI. AUIO	PSY? (Yes o	140)
									NO	
	IAL CAUSE WAS OR CONTRIB-	ho	B. PLACE OF INJURY(e.g., me, form, foctory, street, offic	in or obout e bldg., etc.)	1NJURY OCCU	D (If in Boltimor ??	e City, give e	exact location)		
∑ 22D. TIME (N	Month) (Doy) (Yeo	r) (Hour)	22E.INJURY OCCURRED		22F. HOW DID	INJURY OCCU	R?			
OF INJURY (APPROX.)				WHILE [
23.		m.	WORK LI AIN	ORK L						
1 certif	fy that I held on 1	nquiry 🔲	Inspection XX Au	top sy	ond that o	n this bosis,	death in m	y opinion		
resulte	ed from: Natural cou				fomicide	Undetermin				
1630116		10 1	/		CHIEF MEDICA					
ACTUAL	1/201	11/	. 11	ACC	SISTANT MEDIC				DATE SIGN	1ED
SIGNATUI		njo	W M.D							
EXAMINEI NAME /T.			1 1/ 5	ASS	OCIATE MEDIC	AL EXAMINER		, ,	1000	
24A. BURIAL CREM	re) Ronald N. ATION, 248. DATE	Kornb	Lum M.D. 24C. NAME of CEMETERY	or CREMAT	ORY 2	D. LOCATION	(City, to	une 4,	1969 (Stol	te)
REMOVAL (Specify						Woodlas	m Mas	mr] and	Bolte	Co
Buriel			Lerraine P				MIL THE		DETO	. 00
25A. DATE REC'D B			ME OF REGISTRAR	- 1	FUNERAL DIRI			ADDRESS		
	ILINI Q 106	O FAIL	& E. Jaber Kil	en ik	n Elither	1.A A- 23	7 Pater	SCO AV	27	225

VS 151-REV. 1/1/6B



F-152_1	BALTIMORE CITY HEALTH DEPARTMENT
Pedra	BIRTH NO LA A 0520 5814 CERTIFICATE OF DEATH
death death ceased on the	1. NAME OF DECEASED LICIA EVANS 2. DATE AND HOUR OF DEATH (Type or Print) Alicia EVANS 1. DATE AND HOUR OF DEATH (Type or Print) Alicia EVANS
sspital e of d s) Dece nce on eath.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Whose deceased fived. If institution: residence before admission) A. STATE B. COUNTY
5 S S P P	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OF TOWN D. INSIDE CITY LIMITS?
in a ng cau cause; attend	VICE TO NOT
D.=	Sinai Hospital E. STREET AND NUMBER Dupont Ave
curre rribut ninec gular sed p	S. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF SUITH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Min. M
occur ontrib ermin regula	WIDOWED DIVORCED DIVORCED WIDOW IN BUSINESS OR INDUSTRY 11. BIRTYPLACE (Stote or foreign gountry) 12. CITIZEN OF WHAT COUNTRY?
ath in in dec	done during most of working life, even if retired) NONE M. J. M.S.A. U.S.A. U.S.A.
if d rect (4) U wa the spos	Nathaniel EVANS 14. MOTHER'S MAIDEN NAME + GINCE-FUMER
ssistant the din kind; death nce on	15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT L. R.
O 9: 5 9 9 5	18. 2 0 5 9 1 CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
AP his lso, of a unc ten	DISEASE OF CONDITION DIRECTLY
- 94 5 5 E	(This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,
OR: niner. iner. ractu	injury or complication which coused death.)
C :- L A - A	DISEASES OR CONDITIONS if any giving DUE TO, OR AS A CONSEQUENCE OF:
DIRECT cal exam al exam s; (3) A fision who is in regions are e	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS A CONSEQUENCE OF: Tise to the obove couse (A) stoting the UNDERLYING CONDITION lost. (C) WE ORDINAL
0 0 0	7 11
RAL medical physical war we rem	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
FUNER be chief r by a m 2) Body e the p physicia ore the r	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
- +-0	U 27A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If In Boltimore City, give exoct locotion) OR CONTRIBUTING CAUSE OF CAUSE OF INJURY (e.g., in or obout 21C. WHERE DID (If In Boltimore City, give exoct locotion) INJURY OCCUR? etc.)
od very b	21D.TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
ved hos nat d (6	While At Work At Work
the exponent	22. I certify that (I) (this hospital) attended the deceased from 9 19 to 6 5 19
of of all (th);	that (1) (we) last sow the deceased alive on 15/5/5/19 and that in (my) (our) opinion death accurred on the date
ust be a cased to dent of ospital death) must be	and hour and from the couses stated above. (i) (We) (std.) (lld not) view the body after death. 23A. SIGNATURE 23B. DATE/SIGN/D
ccid to to	Attending Med. Director Phys. Staff Phys. Staff Phys. Director
ficate was r Ana A. at prior	NAME (Type) DEGREE SINGI HOSPITAL
F 75.0 5 5	24A. BURIAL CREMATION, 24B. DATE 24C. DAME OF CEMETERY OF CREMATORY ANNAPOLIS, Md.
This cer the bod shows: was D.(decease	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. SUNERAL DIRECTOR
F = ₩ \$ 0 3	VS 150-REV. 1/1/68

andra .

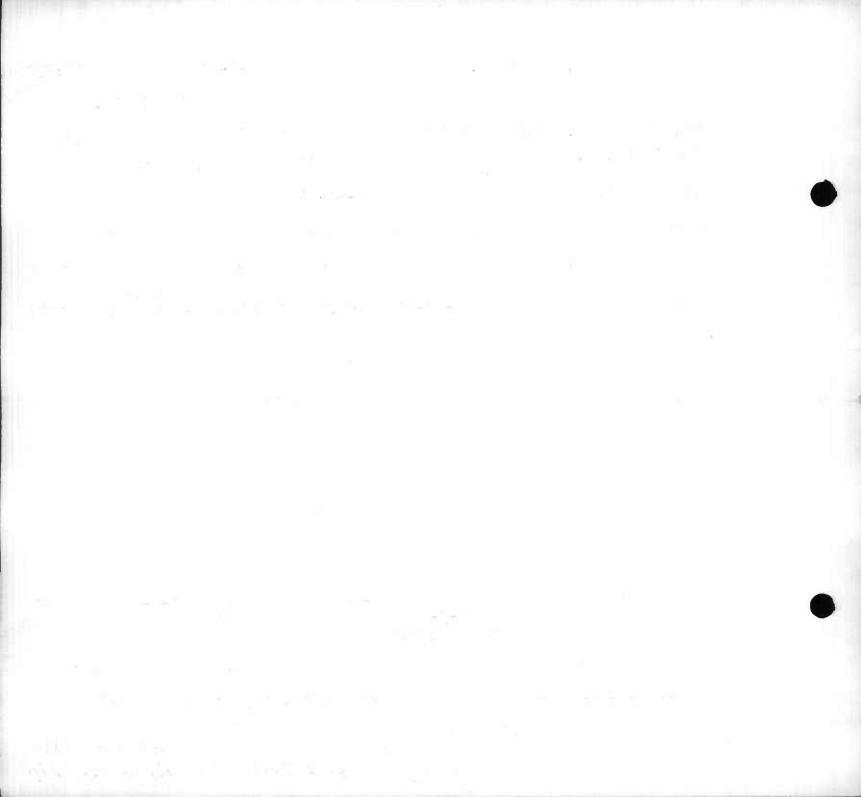
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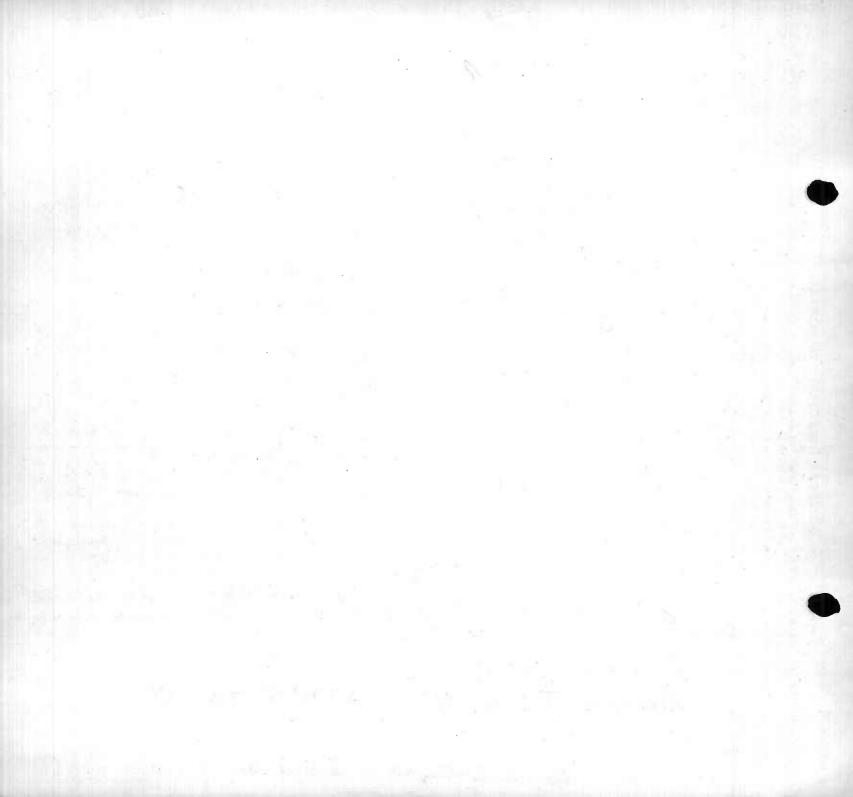
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comes gal The same of the sa

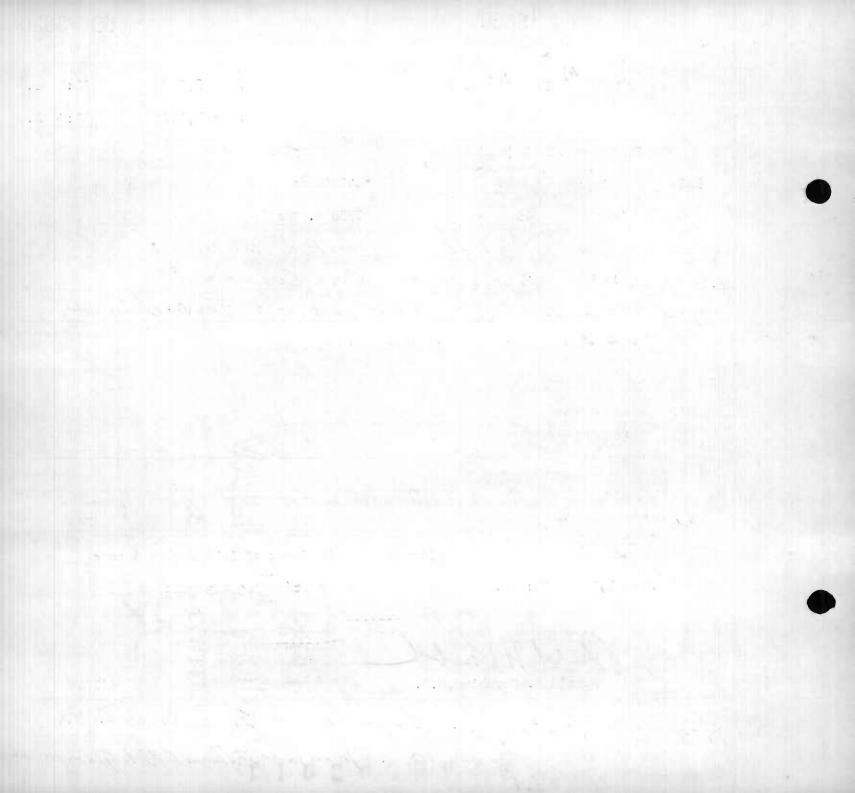
Sam Burner German Herrin German Commerce 821 BROWD WE'N BUDO MALE WHITE 21 Jan 1827 20 Out Bud On't Secure moved and 14.3 HELPEY C. BIKK. S. Coude Gorland 155 - see with thousand bus - with Porce Presence homes-E) Accresoration Consistence District in themse happleness and Thinks Sugar Buck 7E5 have a good of fine X . Colored Som Germing Granna / 165. 619/69 Westmin Gardery Baltimage TOM Sing forting parameter flowing

69 5818 BALTIMORE CITY	HEALTH DEPARTMENT					
CERTIFICA	TE OF DEATH REG. NO. 69 5818					
I. NAME OF DECEASED						
(Type or Print)	2. DATE AND HOUR OF DEATH					
ENNIS, MELVIN W.	6-5-69 12:55PM					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	MARYLAND ANNA ARUNDEL CO. 52-0					
INSTITUTION CONTRACT LIGHT CONTRACT CONTRACT	CEV EDNA DADY					
ST. AGNES HOSP. WILKENS & CATON	E. STREET AND NUMBER					
BALTIMORE, MD. 21228	BOX #395 ZONE 21146					
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Ye. If Under 24 Hrs.					
MALE WHITE WIDOWED DIVORCED	07-31-94 lost birthday) Manths Days Hours Min.					
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY					
dane during mast of wasking life, even if settred)						
CHIEF RR - B+O. P.P.Co.	MARYLAND USA					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
ENNIS DEC'D	LENA DOENGES DEC'D					
15. Was Deceased Ever in U. S. Armed Farces? (Yes, no ar unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT RECORD ROOM					
NO 705-05-485						
18. Z						
//	BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	LEADING TO DEATH					
(A)IMMEDIATE CAU	SE SOURCE OF:					
heart failure, asthenio, etc. It means the disease,	A CONSEQUENCE OF:					
injury or complication which coused deoth.)						
ANTECEDENT CAUSES (B) ATHE	ROSC/EFEOSIS OFENERALIZASI					
and a second sec	A CONSEQUENCE OF:					
rise to the above cause (A) stating the UNDERLYING CONDITION last.						
(6/2000000000000000000000000000000000000						
z						
	rulos elerosis					
DISEASE OR CONDITION GIVEN IN PART 1 (A).						
198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A- AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
WAS PERFORMED WAS PERFORMED	1 YES					
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in one, form, fociory, street of DEATH Inolity medical examiner)	n or about 21 C. WHERE DID fice bidg., INJURY OCCUR? (If in Baltimare City, give exact facation)					
21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
G OF INJURY	211 NOW DID INSORT OCCUR.					
(APPROX.) White At Work	'∐					
22. I certify that XI) (this haspital) attended the deceased from	5-28 19.69 to 6-5- 19.69					
that (i) (we) last sow the deceased alive on 6-5-69	ond that in (%) (our) opinion death occurred on the dote					
and have and from the causes stated above. (N) (We) (did)/(d/n/t)/v						
23A, SIGNATURE	23B, DATE SIGNED					
After Phys	nding Med. Staff Phys. Phys. 9					
UFGREE	3D. ADDRESS					
JAMES G KANE MD	ST AGNES HOSP. BALTO MD 21229					
24A. BURIAY CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE						
BURIAL 16-1-69 MEADOWRINGE	letkeinge Hower Mt.					
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS					
100 1969 Julie E. Valley M.D.	WOHNEN JAKOR SONS ANNAPOLIS MD					
VS 150-REV. 1/1/68						





Т.	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REC	G. NO
	IRTH NO.		
(1	NAME OF DECEASED ype or Print)	2. DATE Known Month Do	
1	SHERMAN (WILKENS) WILKINS	DEATH Estimoted June 7,19	2 105
	. PLACE IN BALTIMORE, MARY() ND, WHERE PRONOUNCED DEAD ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD	
H	OSPITAL ADDRESS OR LOCATION)	June /,19	771.
	RINSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If in A. STATE B. COL	
	BON SECOUR HOSPITAL (DOA)	Maryland	15-03
6.	SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INS	SIDE CITY LIMITS?
п	Male Negro WIDOWED DIVORCED	Baltimore	YES NO
9.	DATE OF BIRTH 10. AGE (in years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER	1023 1102
	3/21/1920 ost birthdoy) 49 Months, Doys, Hours, Min.	1738 N. Smallwood 57.	
11	I. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	
	PURE Y 1/0 WHAT COUNTRY?	W.1118 W.118.1	V.I
12	A USUAL OCCUPATION (Give kindjof work) 14B. KUND OF BUSINESS OR INDUSTRY	115. MOTHER'S MAIDEN NAME	
do	Kongsyanting most of working life, even if lettred) four 1 Barro	KILA COLOMAN	•
4	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	1B. INFORMANT	ADDRECC
(Y	es, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	Ello went youk	rolehin St
-	19. CAUSE OF DEA	43//	APPROXIMATE INTERVAL
	F 9 6 1 X		BETWEEN ONSET AND DEATH
		wound of chest	-11-01
	LEADING TO DEATH (This does not meon the mode of dying, e.g., DIE TO DR.		
	heart failure, asthenia, etc. It means the disease, Injury or complication which coused death.)	AS A CONSEQUENCE OF:	
	injury or complication which coused death.)		
	ANTECEDENT CAUSES (B)		
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
2	UNDERLYING CONDITION LAST.		
NOITACIBITOS			
1	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
	DISEASE OR CONDITION GIVEN IN PART 1 (A).		
Qu.	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes or No)
			yes
1	22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	in or obout 22C. WHERE DID (If in Boltimore City, gebidg., etc.) INJURY OCCUR?	give exoct location) 16 - 04
VEDI	UNDERLYING OR CONTRIB- home, form, foctory, street, offic UTING □ CAUSE OF DEATH.	In front of 1926 Har	
12	22D. TIME (Month) (Doy) (Yeor) (Hour) 22E INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	2000 22 0 022 00
	(APPROX.) June 7,1969 12:08A m. WHILE AT WORK	WHILE Shot/during argumen	t
	23.	on 12 brot, daring argumen). Then
	I certify that I held an Inquiry Inspection Au	tapsy 👿 ond that on this basis, death	in my opinion
	resulted from: Natural couses Accident Suicia	le 🗌 Homicide 🗓 Undetermined mo	nner 🗌
	(),11,1/1/	CHIEF MEDICAL EXAMINER	
	ACTUAL Muly Muly	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	SIGNATURE M.D. EXAMINER'S D. no.1 d. N. Wormh 1. m. M. D.	ASSOCIATE MEDICAL EXAMINER	617160
	Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER	6/7/69
2.	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (Ci	ty, town, or county) (Stote)
I,	EMOVAL (Specify) 6/12/69 BIDN BAY	+ CHUNON GROWN	west to VA
X	5A. DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	JUN 9 1969 Paber E. Falle New	m 11	(35) B NE
	out out of the state of the sta	The said was a se	20 119, cm
VS	3 151-REV. 1/1/6B	0 3 0 1 1	



69 5821 BALTIMORE CITY HEALTH DEPARTMENT

69 5821

	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH.
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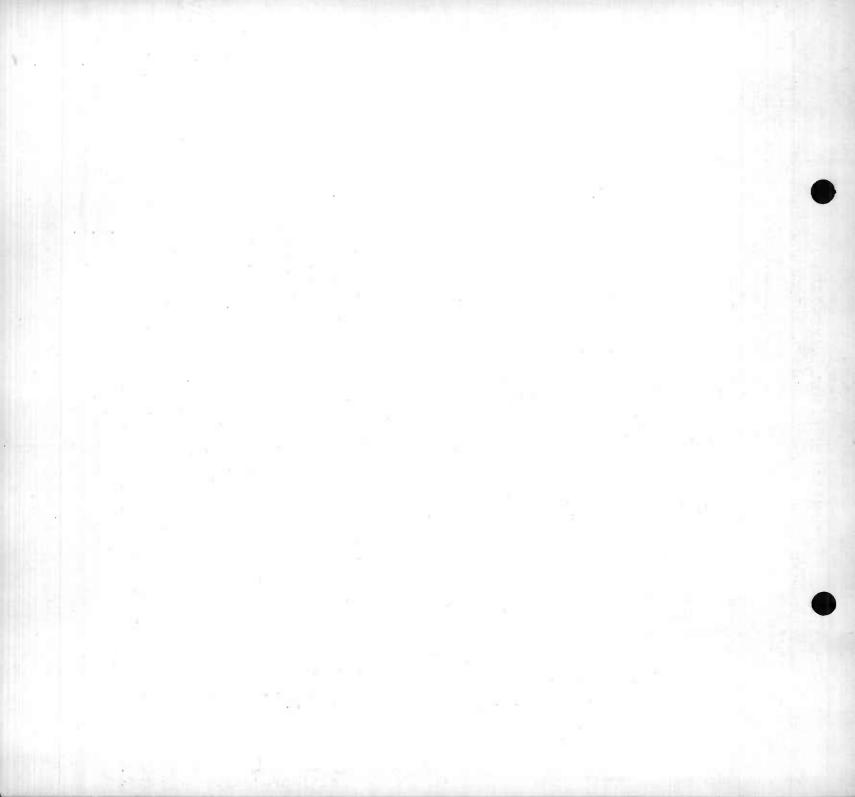
BIRTH NO.	REG. NO.		
1. NAME OF DECEASED A.	2. DATE Known Manth Day Year Hour		
(Type or Print) VANCE DRUMGOOLE	OF DEATH Estimated June 6, 1969 1:45 A. M.		
4. PLACE IN BALTIMORE, MAYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour		
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD June 6, 1969 1:45 A. M. 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before odmission)		
3 4 BON SECOUR HOSPITAL	A. STATE Maryland B. COUNTY 19-01		
6. SEX 7. RACE B. MARRIED NEVER MARRIED			
Male Negro WIDOWED DIVORCED	Baltimore YES YES NO		
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr, If Under 24 Hrs. Months, Doys, Hours, Min.	300 A. Mount Street		
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAL COUNTRY?	NOD T. Drumbooco		
14A.USUAL OCCUPATION (Give kind of wark 14B. KIND OF BUSINESS OR INDUSTR' done during mast of working life, even if retired)	15. MOTHER'S MAIDEN NAME		
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no a runknown)(If yes, give war ar dates of service) 17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS		
(Yes, no arunknawn) (If yes, give war ar dates of service) SECURITY NO.	Louise Drum 60018 308NMOUNT		
19. CAUSE OF DEA			
	wound of abdomen		
(This does not mean the mode of dying, e.g.,	CAUSE AS A CONSEQUENCE OF:		
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)			
ANTECEDENT CAUSES (B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:		
UNDERLYING CONDITION LAST.			
0			
OF COLUMN (C)			
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	/AS PERFORMED 21. AUTOPSY? (Yes or No)		
02	yes		
22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	in or obout 22C. WHERE DID (If in Boltimare City, give exact lacation)		
UNDERLYING TOR CONTRIB. UTING CAUSE OF DEATH. Description of the contribution of the			
22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY	22F. HOW DID INJURY OCCUR?		
	Subj.shot while attempting to breaking and entering		
23. I certify that I held an Inquiry Inspection Au	and that an this basis, death in my aplnion		
resulted from: Notural causes Accident \(\) Suicid			
resulted from: Natural causes Accident Julicia	CHIEF MEDICAL EXAMINER		
ACTUAL // // // // // //	ACCISTANT MEDICAL EXAMINED		
SIGNATURE ME M.C.	ASSOCIATE MEDICAL EXAMINER 6/6/69		
NAME (Type) Ronald N. Kornblum, M.D.			
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	ar CREMATORY 24D. LOCATION (City, town, or county) (State)		
25A. DATE REC'D N' HEALTH DEPT 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS		
JUN 9 1969 Tobers E. Jarben 1.8	Marshar Blogo 68 N. C. cmorst		
VS 151-REV. 1/1/68			

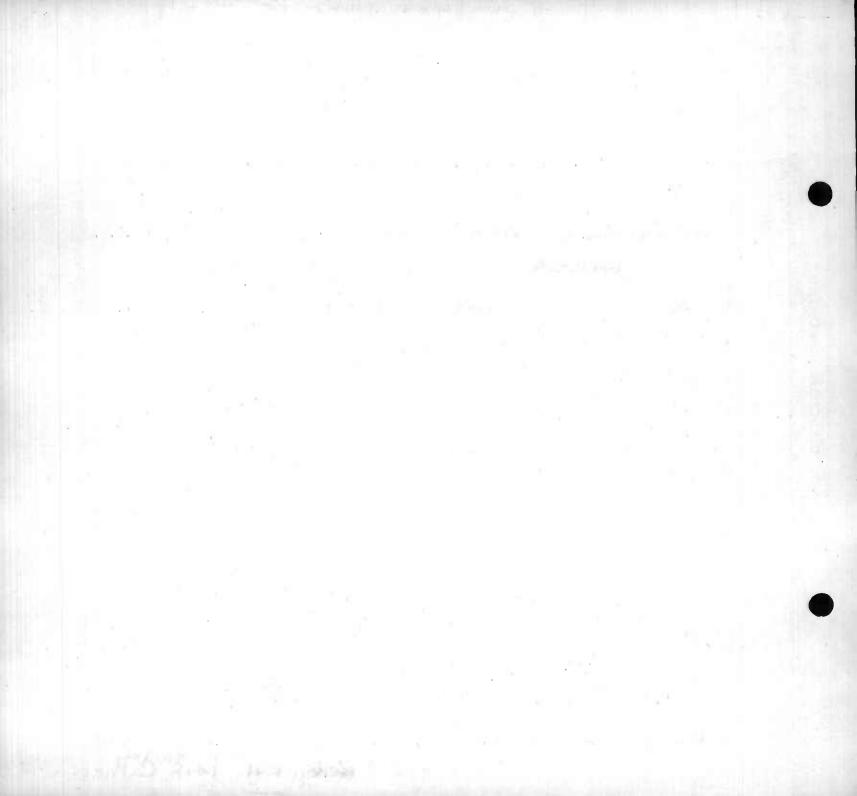
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Such of death Deceased BIRTH NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) uo hospital death. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ance (2) cause (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION D. INSIDE CITY LIMITS C. CITY OR TOWN attend 0 NO prior E. STREET AND NUMBER contributing occurred etermined made regular 9. AGE (In years 1 Yr. If Under 24 Hrs. 5. SEX 6. RACE B. DATE OF BIRTH f Under MARRIED NEVER MARRIED Months! Doys Hours eceased DIVORCED WIDOWED. 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) death SD 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME the IMPORTANT 5 death 0 15. Was Peceased Ever in U. S. Armed Farces: (Yes, ha of unknown) (If yes, give wor or dotes of service) ADDRESS 6. SOCIAL final SECURITY NO. CAUSE OF DEATH any pronounced 0 BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: ractur embal heart failure, asthenia, etc. It meons the disease, DIRECTOR: ular injury or complication which coused death.) ANTECEDENT CAUSES 6 are DUE TO, OR AS A CONSEQUENCE OF DISEASES OR CONDITIONS, if any, giving rise to the obave couse (A) stating the UNDERLYING CONDITION lost, e remains Was 11 FUNERAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED CERT 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (If In Baltimore City, give exoct lacotion) home, farm, foctory, street, office bldg., INJURY OCCUR? hospital MEDICAL °Z DEATH (notify medical examiner) nature; 21 D. TIME OF INJURY (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? obtained (Month) (Doy) (Year) (except While At Not While (APPROX.) Work At Work any 22. I certify that (i) (this haspital) attended the deceased fram 19. that (1) (we last saw the deceased alive anand that in(my) (our) apinion death occurred on the date ō hospital eath) ond hour and from the causes stated above. (1) (We) (did) (did not) view the bady ofter death. must accident 23B, DATE SIGNED 23A. SIGNATURE Attending | Med. Staff 40 Phys. Phys. approval OEGREE 0 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior at An MILION IRS 24A. BURIAL CREMATION, 24C. NAME of CEMETERY OF CREMATORY 24D, LOCATION (City, town, or co (Stote) deceased REMOVAL (Specify) written shows: 10 0 Was 25C. FUNERAL DIRECTOR ADDRESS the 96101200

VS 150-REV. 1/1/6B

1. mode The state of the state of







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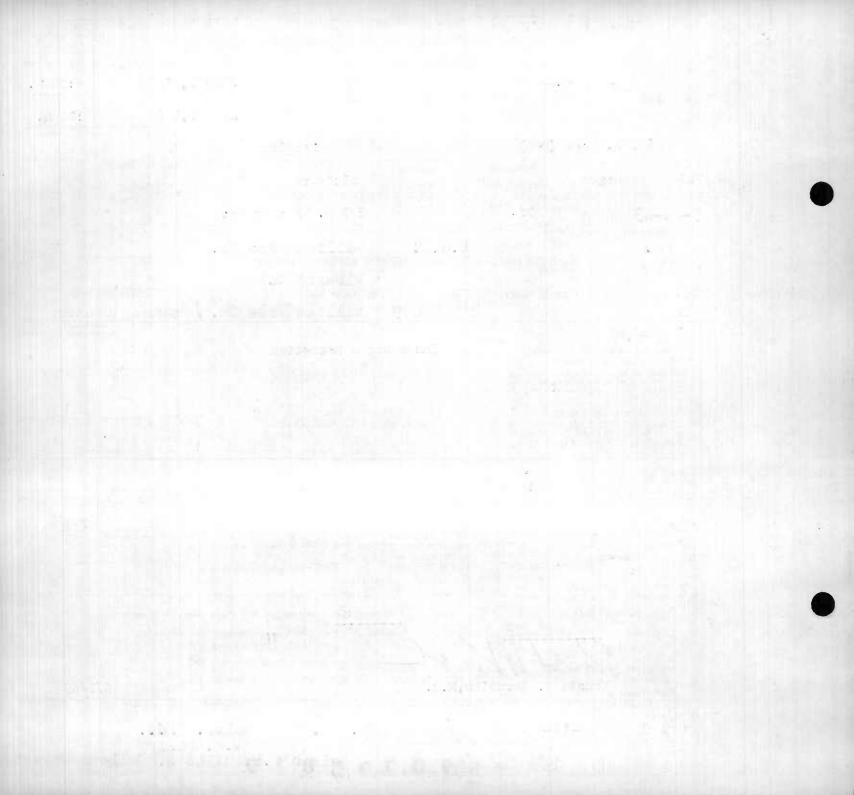
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			69 MED	582 ICAL	1	AMINER'S			OF	DEAT	ТН	69	5200
BIRT	H NO.										REG. NO		00.0
	AME OF DEC	EASED	HARR	Y HOO	PER		2. DATE OF DEATH	Known	XX oted \square	Month	Doy 31	Yeor 1969	Hour
4. PI	ACE IN BAL	TIMORE, MA				INCED DEAD	3. DATE			May	Doy	Yeor	11:10 p.M.
FULL	NAME OF	(IF NO		L OR INST		N, GIVE STREET		UNCED D		Mav	31.	1969	11:10 p.M.
-	100						A. STATE	KESIDENCE	E (where	dece osed I	B. COUNTY	on: residence	before odmission)
0		34 Dru	id Hil						aryla	nd			1-00
6. SI	X	7. RACE		8. MARRI	ED 🖾	NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
M	ale	Colo	red	WIDOW	ED 🗌	DIVORCED		Balto.			,	YES 🔀	NO 🗌
	ate of birti 1–00	Н	lost birthdo	yeors ()		er 1 Yr. If Under 24 Hr Doys Hours Mil).	AND NUA		77.2 7 7			
	IRTHPLACE (S	tote or foreig			12. CIT	IZEN OF	13. FATHE	1534 I	mid	H111	Ave.		
					- WH	AT COUNTRY?			Ц				
	Va.	DATIONIA	1	AD MINID		S.A.		ron l					
done	during most of w	vorking life, ev	en if retired)	48. KIND	OF BU	ISINESS OR INDUST	RY 13. MOIH	EK 2 WAIDI	EN NAM				
								lemer	ntin	e Tho	ompson		
16. V	VAS DECEAS	ED EVER IN	U.S. ARMED	FORCES	? 1	7. SOCIAL SECURITY NO.	18. INFOR	MANT				ADDRESS	
	no	(ii yes, give	wor or goles	or service,	7	05109102	Will	bert	Hoo	per	928	Wickl	Low Rd.
1		3 1				CAUSE OF DE				P 0 2	7.00	AF	PPROXIMATE INTERVAL
CERTIFICATION	DISEASES OF RISE TO THE UNDERLYIN	NTECEDENT OR CONDITI E ABOVE CA NG CONDIT	CAUSES ONS, IF ANY USE (A) STATI ION LAST. II	, GIVING ING THE		(B)	R AS A CONS	EQUENCE C	OF:				
E L	DISEASE OR	CONDITION	GIVEN IN PA	RT 1 (A)									***************************************
2	OA. DATE OF	OPERATIO	1 208. CON	IDITION	FOR W	HICH OPERATION	WAS PERFOR	MED				21. AUTO	PSY? (Yes or No)
17													No
잉	^{2A.} EXTERI UNDERLYING UTING □ CA	_	TRIB-	1	228. PL , home, f	ACE OF INJURY(e.gorm, foctory, street, of	., in or obout ice bldg., etc.)	22C. WHER	RE DID (CCUR?	If in Boltima	ore City, give e		AIV
(2D. TIME OF INJURY APPROX.)	(Month) (E	Doy) (Yeor		'		OT WHILE WORK	22F. HOW	DID IN	IURY OCC	UR?		
2		ify that I h		nquiry [_	nspection XX A		ond th	ot on th	nts bosis,	, deoth in my	y opinion	
	result ACTUAL	red from: N	lotural cau	1 1	Acc	rident		CHIEF ME	DICAL E	XAMINER	ined manner	П	DATE SIGNED
	SIGNATI	- X / L	W)) V	011	M	.D. ASS	ISTANT ME	EDICAL E	XAMINER	XX		
	EXAMIN						ASS	OCIATE ME	EDICAL E	XAMINER			
24 A.	BURIAL CREA	MATION, 2	Edwa 248. DATE	ard F		1son, M.D.	Y or CREMAT	ORY	24D. I	LOCATION		ne 1,	
	OVAL (Specif	Y)	6 1	60		78. A 1	0			7) 7 (7.6.3		
	Burial DATE REC'D	BY HEALTH	DEPT.	1258 N	AME O	F REGISTRAR		FUNERAL	DIRECTO	Balte	R. Bai.	ADDRESS	
ZJM.	DATERECT	.III)				E. Faiber, A		lson			348 Ca.		St.
10 11	- 2 DEM 1/2 /40	UVII	- 4	-	-				1	1			

69 5828 BALTIMORE CITY HEALTH DEPARTMENT

69 5828

BIRTH NO.						
1. NAME OF DECEASED (Type or Print)	2. DATE Known Month Doy Year Haur					
ROGERS WISE	OF DEATH Estimoted June 7, 1969 4:24 A _M					
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Haur					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	June 7,1969 4:24 A. M.					
607 N. Paca (DOA)	S. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) A. STATE Maryland B. COUNTY					
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
Male Negro WIDOWED DIVORCED	Baltimore YES NO					
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths; Days Hours I Min.						
7-27-47	607 N. Paca Street					
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF WHAT COUNTRY	13. FATHER'S NAME					
Md. WHAT COUNTRY?	William Wise Sr.					
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR done during most of working life, even if retired)	15. MOTHER'S MAIDEN NAME					
	Alberta Tolend					
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknown)(If yes, give war or dates af service)	18. INFORMANT ADDRESS					
(Yes, no ar unknown) (If yes, give war or dates af service) 219402099	William Wise Sr. same father					
19. 3 0 44. 9 1 CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
DISEASE OR CONDITION DIRECTLY Intrave	nous narcotism					
LEADING TO DEATH	CAUSE					
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which coused de oth.)	AS A CONSEQUENCE OF:					
ANTECEDENT CAUSES (B) DISEASES OF CONDITIONS IS ANY CIVING	AS A CONSEQUENCE OF:					
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:					
UNDERLYING CONDITION LAST. (C)						
II II						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W						
DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS DEDECOMED					
O STEER OF STEER HOLD TO STEER HOLD WHICH OF EXAMON W						
	yes					
I THE THE CHAPE INTO	in ar about 22C. WHERE DID (If in Baltimore City, give exact lacation) e bldg., etc.) INJURY OCCUR?					
	22F. HOW DID INJURY OCCUR?					
	WHILE C					
(AFFROA.)						
23.	ORK					
23.						
23.	tapsy 🗵 ond that on this bosis, death in my apinion					
I certify that I held on Inquiry Inspection Acresulted from: Notural couses Accident Suici	tapsy Ond that on this bosis, death in my apinion Homicide Undetermined monner CHIEF MEDICAL EXAMINER					
I certify that I held on Inquiry Inspection Acresulted from: Notural couses Accident Suici	tapsy Ond that on this bosis, death in my apinion Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED					
I certify that I held on Inquiry Inspection Acresulted from: Notural couses Accident Suici	ond that on this bosis, death in my apinion Homicide Undetermined monner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER					
I certify that I held on Inquiry Inspection Acres Inspection Acres Inspection Acres Inspection Acres Inspection Inspectio	ond that on this bosis, death in my apinion Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 6/7/69					
I certify that I held on Inquiry Inspection Acronding Suicing Actual SIGNATURE EXAMINER'S Ronald N. Kornblum, M.D. 24A. BURIAL CREMATION. 124B. DATE 124C. NAME of CEMETERY	ond that on this bosis, death in my apinion Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 6/7/69					
I certify that I held on Inquiry Inspection Acres Inspection Notice Inspection Notice Inspection Notice Inspection Notice Inspection Inspection Notice Inspection Notice Inspection Inspection Notice Inspection N	ond that on this bosis, death in my apinion Homicide Undetermined monner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOC					
I certify that I held on Inquiry Inspection Acron Acro Acro Acro Acro Acro Acro Acro Acro	ond that on this bosis, death in my apinion Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER S ASSOCIATE MEDICAL EXAMINER 6/7/69 or CREMATORY 24D. LOCATION (City, town, or county) (State)					
I certify that I held on Inquiry Inspection Acron Suicing Actual SIGNATURE EXAMINER'S NAME (Type) 24A. BURIAL CREMATION, REMOVAL (Specify) Burial Actual Inquiry Inspection Accident Suicing Actual Suicing Actual Accident Suicing Actual Suicing A	ond that on this bosis, death in my apinion Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER X ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER (City, town, or county) Or CREMATORY 24D. LOCATION (City, town, or county) (State)					



a hospital and

occurred in

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

This certificate must be approved by the chief medical examiner or his assistant if death

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

D .	65	5829	BALTIMORE CITY	HEALTH DEPARTMENT	0	0 5000
BIRTH NO.	200	0020		TE OF DEATH	REG. NO.	9 5829
I, NAME OF DE	CEASED					
(Type or Print)	MARY	BOYS		2. DATE AND I	OUR OF DEATH	. 2:300
3. PLACE IN BA	ALTIMORE, MARYLAND, V	HERE PRONOUNC	ED DEAD	4. USUAL RESIDENCE (Where de A. STATE B. COUNTY	eceosed lived, If instit	1 3 30 A M.
						17 22
FULL NAME OF	F (IF NOT IN HOSPIT ADDRESS OR LOC	ATION)	N. GIVE STREET	Maryland c. CITY OR TOWN	D INCIDE	CIN HARCO
	Baltimore Ci 4940 Eastern	ty Hospita	ls	Baltimore		CITY LIMITS?
13/				E. STREET AND NUMBER		23 140
	Baltimore, Ma	ryland	21224	2546 Coldspring	Lane	21215
5. SEX	6. RACE	7. MARRIED N	VEVER MARRIED	8. DATE OF BIRTH 9. A	GE (In years birthday)	If Under 1 Yr. If Under 24 His. Aonths: Days Hours Min.
Female	Negro	WIDOWED 3	DIVORCED _	13-17-1 <i>891</i>	75	Tonnis Days Houis Min,
done during most o	CUPATION (Give kind of world working life, even if relired)	108 KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (State or foreign c	country)	12. CITIZEN OF WHAT COUNTRY
				Virginia		U.S.A.
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN NAME		0.5.4.
Hei	nry Hill				Sarah Linc	olon
15. Was Decease (Yes, no or unknow	d Ever in U. S. Armed For		SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no		21	3-58-4727	Records: BCH-494	10 Eastern	Avenue 21224
1B. /_/	19 14		CAUSE OF DEATH			APPROXIMATE INTERVAL
DISEA	SE OR CONDITION DI	RECTLY				BETWEEN ONSET AND DEATH
	LEADING TO DEATH		(A)IMMEDIATE CAU	SE PNEUMONI	A	2 Wes
(This does	not mean the made of , asthenia, etc. It means	dying, e.g.,		CONSEQUENCE OF:		*******
injury or car	mplication which caused	death.1				2 1.40
	ANTECEDENT CAUSES		(R)	SEPTICEMIA	9	O WIS
DISEASES	OR CONDITIONS, if	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:	*******************	******************************
UNDERLYIN	G CONDITION last.	slaling the	(c)	ASCVD		Years
	11					
OTHER SIGNI	FICANT CONDITIONS CO	NTRIBUTING				
DISEASE OR	TH BUT NOT RELATED TO THE	T 1 (A)	**************			******
OTHER SIGNI TO THE DEA DISEASE OR C	F OPERATION 198. CON-	DITION FOR WHICE	H OPERATION	NO N	B. IF YES, WERE FIN	DINGS CONSIDERED
21A. ACCIDE	NT WAS LINDERLYING	228 81 4 6	E OF INTHING	or obout 21 C. WHERE DID		
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF y medical examined	hame, for	m, factory, street, affi	ice bldg., INJURY OCCUR?	(If In Baltimore C	ity, give exact location)
DEATH (notify	(Month) (Doy) (Yeat)	(Houd 21E IN II	RY OCCURRED	21F. HOW DID INJURY	OCCUM	
E OF INJURY	,	While At	Not While		OCCORP	
		Wark	At Work		A	/
	that (1) (this hospital		ceosed from	5/15 196	7 to 6	19.6/
	lost saw the decease		6/6	19ond that In	(my) (our) opinio	n death occurred on the dote
and have an	d from the causes stat	ed above. (1) (Ve	(did) (did not) vi	ew the bady ofter death.		
23A. SIGNATI	URE /	D 1			23	B. DATE SIGNED
1	Solvent (1.	Gogenha	DEGREE Phys.	ding Med. Staff Director Phys.		6/6/69
23C. PHYSICIA NAME (1	AN'S Type		DEGREE	3D. ADDRESS	City Hosp	//
	Robert A.Ro	osenbaum				
24A. BURIAL CRE	MATION, 248. DATE	24C. NAME	DEGREE	4940 Eastern Avenu MATORY 24D. LOCAT		own, or county) (Stote)
Burial	6-11-	69 Chur	hhCemeter	v Mi	.ddlesex	County, Va.
25A. DATE REC'D	BY HEALTH DEPT.				73 90 0 00	

VS 150-REV. 1/1/6B

JUN 9

Robert E. Jarber,

1848

1969

son

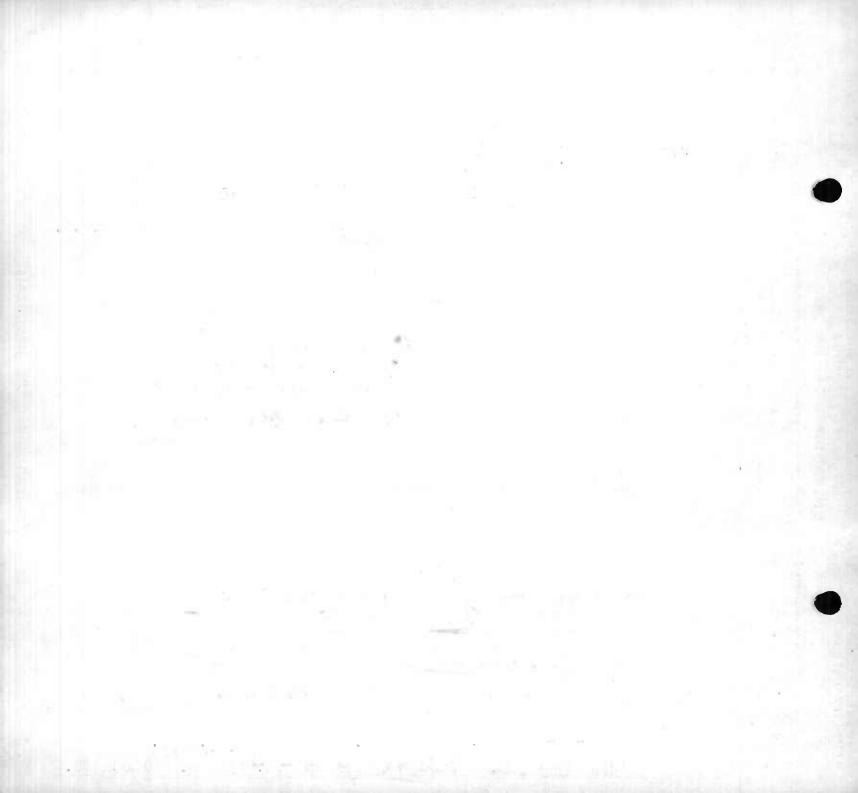
Calhoun Street A way



IMPORTANT

DIRECTOR:

FUNERAL



69 5832 BALTIMORE CITY HEALTH DEPARTMENT

69 5832

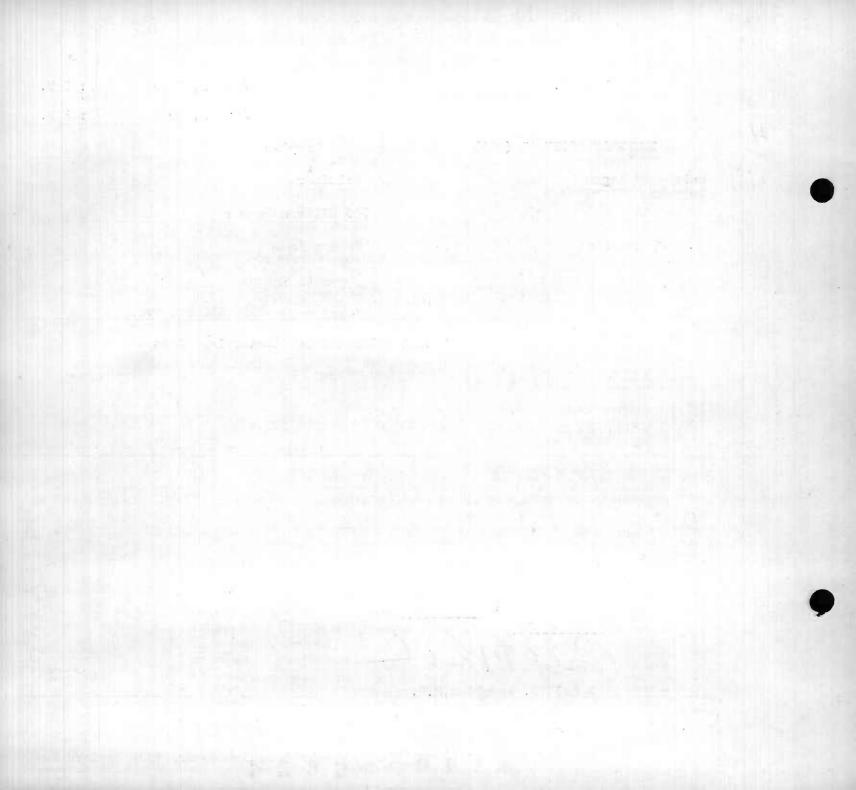
RI	RTH NO.		MEL	ICAL	EXAMINER 3	LEKTIFICATE	OF DEA	REG. NO			
1.	NAME OF DEC	EASED				2. DATE Known	☐ Manth	Doy	Yeor	Hour	
(T ₎	pe or Print)	LAU	RA L SI	ATTERY	(SMITH)	OF DEATH Estimote	d □ June	7,1969		10:50	P _M .
					DNOUNCED DEAD	3. DATE PRONOUNCED DEA	Month	Doy		Hour	
H	ILL NAME OF OSPITAL R INSTITUTION	(IF NO	SS OR LOCA	AL OR INSTIT	TUTION, GIVE STREET		June	7,1969		10:50	TVI
		. Faye	tte St	reet ((DOA)	5. USUAL RESIDENCE A. STATE Marylar		B. COUNTY	residence be	ore odmissi	ion)
6.	SEX	7. RACE		B. MARRIE	D NEVER MARRIED	C. CITY OR TOWN		D. INSIDE CIT	Y LIMITS?		
L	Female	Whi	_	WIDOWE		Baltimore		YE	s N	10 🗆	
9.	8-26-1		lost birthdo		If Under 1 Yr, If Under 24 Hrs. Aonths Doys Hours Min.	3022 E. Fay		eet			
11	BIRTHPLACE (S	tote or foreig	an country)		2. CITIZEN OF	13. FATHER'S NAME					
	VIRG	INIA			WHAT COUNTRY?	CSENJAM	IN SEC	FORD			
		PATION (Giv			OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN	NAME				
L	WAI	TRES	•		STAURANT	CORA	LEE OF	OBERTS			M
	. WAS DECEASI				17. SOCIAL SECURITY NO. 579 22 5123	BUNFORMANT Willie	W. Smit	W-302	DRESS	tanat	le &
-	19.	0	-		CAUSE OF DEA			. 000	APPR	OXIMATE INT	
	DISEAS	I E OR COND	ITION DIRE	CTLY	Fatty Met	amorphosis of	the Liv	er with	BEIWEE	N ONSET AN	DEATH
L		LEADING TO	DEATH		(A)IMMEDIATE	CAUSE					
ı	heort foilure	ot meon the osthenio, etc oplication whi	. It meons the	e diseose,		AX SUNSKOUN NOTEN					
ľ			CALICEC		comp.1	icating brond	honnaumo	nia			
ŀ	DISEASES	OR CONDITI	ONS, IF AN			AS A CONSEQUENCE OF		II.L.a			
	UNDERLYIN	ABOVE CA		TING THE	(0)						
O					(c)						
CERTIFICATION	OTHER SIGN TO THE DEA	IFICANT CONTINUES OF THE SECONDITION	RELATED TO	THE TERMIN						***************	~~~~~
E	20A. DATE OF				OR WHICH OPERATION W	AS PERFORMED			21. AUTOPS	SY? (Yes or	No)
C	2/								ye	s	
ICAL	UNDERLYING		TRIB-	2: h	2B. PLACE OF INJURY (e.g., ome, form, foctory, street, ollic	in or obout 22C. WHERE to bldg., etc.)	DID (If in Boltim	ore City, give exo	- W		
MED			ATH. Doy) (Yea	r) (Hour)	22E.INJURY OCCURRED	22F. HOW D	ID INJURY OCC	CUR?			
1	OF INJURY (APPROX.)					WHILE WORK					
ŀ	23.	150 7									
1		ify that I h		Inquiry				, deoth in my	7		
r	result	red from: N	loturol cou	ses 🕎	Accident Suici	de Homicide		ined monner L	٦		
Н	ACTUAL	(1	000 -	RED.		ICAL EXAMINER		D	ATE SIGN	ED
F	SIGNATU		Jusa	LLE C	M.E				. 10 160		
H	NAME (T	er's Ru ype)	ssell	S. Fis	sher,M.D.	ASSOCIATE MED	ICAL EXAMINER		5/8/69		
	A. BURIAL CREA	MATION, 2	6-11	1.9	MT. HOREB	OF CREMATORY	24D. LOCATIO		or county)	(Stote	e)
2	SA. DATE REC'D			_			IDECTOR		DDRESS	116	
23	A. DATE REC'D	JUN 9	1969	Taber	ME OF REGISTRAR M.D.	FUNERALID	Dian-	2334 QI	Lesson	St.	
VS	151-REV. 1/1/68	2 10		1 1		11 -2 + C - C	- 0	, 0,	-		

PEPI-12-9 VIRGINIA SECTION SECTIONS Surrence PRESTAURING COMB LEE GONERS they to I super think or will be a supported AV, SPARTIO, COLORE, VA. 6-11-69 Mr Honge Cem.

69 5833 BALTIMORE CITY HEALTH DEPARTMENT

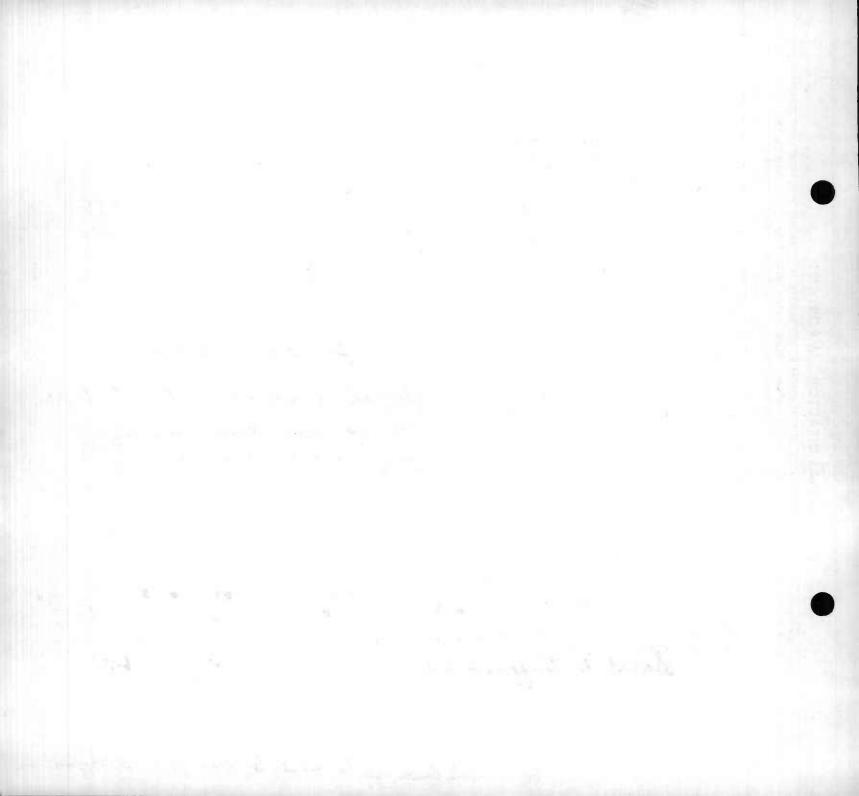
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RIRT	HNO.		MED	ICAI	L EA	AMIIIYEK 3	CERTIF	CATE	Jr L	JEAI	RE	G. NO			
	AME OF DEC	EASED					2. DATE	Known E	7	Month		Dov	Yeor	Hour	
(Туре	or Print)	BECKET	r t. F	ROWN	J		OF DEATH	Estimoted		June		1969			3 P. M.
4. PI	ACE IN BAL					NCED DEAD	3. DATE			Month		1909 Doy	Yeo		3 P. M.
FULL	NAME OF	(IF NO		LORINS		N, GIVE STREET		DUNCED DEAL	D ,	June	5,	1969		9:4	147.
OKI							A. STATE	RESIDENCE (Where d	ece osed I		institution:	residen	te before o	dmission)
		THERAN	HOSPIT					Mary1a	and				16	, -0	5
6. SI		7. RACE		B. MAR	RIED 🔀	NEVER MARRIED	C. CITY O				D. IN	VSIDE CIT	Y LIMITS	5?	
	ale	Negro			WED 🗌	DIVORCED	Baltimore YESK NO								
9. D	ATE OF BIRT	Н	10. AGE (in lost birthdo)	()		er 1 Yr. If Under 24 Hrs. Doys Hours Min.	E. STREET AND NUMBER								
	12-7-0			64			715	Wilbron	Ave	nue					
11. B	IRTHPLACE (S					IZEN OF	13. FATHE	R'S NAME		-				1801	
	South Carolina WHAT COUNTRY?						Robe	ert Brow	m						
14A.L	JSUAL OCCU	PATION (Give	e kind of work	4B. KINI	D OF BU	SINESS OR INDUSTR	Y 15. MOTH	ER'S MAIDEN	NAME						
	-	d Steel					Fa	annie Sh	aw						
16. V	VAS DECEAS	ED EVER IN	U.S. ARMED	FORCE	5? 1	7. SOCIAL SECURITY NO.	18. INFOR				16.	AD	DRESS		
(100,	No	(it yes, give v	voi or doles	or service	-)	SECORITI NO.	Edwar	d Brown	555	59 E1	der	on Av	e.		
11	9.	2 1/2				CAUSE OF DEA		LG DLOWD							TEINTERVAL
	Tricras	5 00 0010	ITION DIREC			Arterios	clerot	ic cardi	ova	scula	ar d	isaas		IWEEN UN	ET AND DEATH
		E OR COND LEADING TO		LILY				ro carar	LOVAL	30410	. L G	Tocas			
	(This does n	ot meon the	mode of dyi	ng, e.g.,		(A) IMMEDIATE DUE TO, OR	AS A CONSE	QUENCE OF:							
	heort foilure injury or con	, osthenio, etc. nplicotion which	. It meons the ch coused deo	diseose, th.)				444							
		OR CONDITION		CIVINO		(B)OUE TO, OR	AS A CONS	FOLIENCE OF							
	RISE TO THE	E ABOVE CA	USE (A) STAT	ING THE	E	00E 10, 0K	A3 A CON3	LOPOLITICE OI.							
Z	UNDERLYIN	NG CONDITI	ON LAST.			(c)									
	11		II												
O		IIFICANT CON ATH BUT NOT													
E.	DISE ASE OR	CONDITION	GIVEN IN PA	RT I (A)).										
CERTIFICATION	DATE OF	FOPERATION	1 20B. CON	IDITION	I FOR W	HICH OPERATION W	AS PERFOR	MED					21. AU	TOPSY? ((es or No)
														n	0
O	2A. EXTER	NAL CAUSE			home, fo	ACE OF INJURY(e.g. orm, foctory, street, offi	in ar obaut ce bldg., etc.)	22C. WHERE I	DID (IF	in Baltime	ore City	, give exac	I location	٦)	
요	UTING CA														
	DF INJURY	(Month) (D	oy) (Yeor) (Hou	'	INJURY OCCURRED		22F. HOW DI	חנאו פ	RY OCC	UR?				
	(APPROX.)				m. WH	RK NO	WHILE								
2	3.	ify that I h	ald an I	nguiry		nspection X A	topsy 🗌	and that	on this	- hosis	doot	. In my	!-!		
					_			ond that				_	7		
	resul	ted fram:_N	atural caus	ses 🏝	Acc	ident Suici	de 🔲 🗈	lomicide 🔲				nanner L	_		
	ACTUAL		1.	1	111	1. 11.		CHIEF MEDIC						DATE S	IGNED
	SIGNATI		Bulgy		11/2	tue V M.I	D. AS	SISTANT MEDI	CAL EXA	AMINER	[X]				100
	EXAMIN						ASS	OCIATE MEDIC	CAL EXA	AMINER				6/6	/69
244	NAME (1			N. K		1um, M.D. NAME of CEMETERY	or CDEMAN	OPV	240 10	CATION	N (City Asses		4\	(0,)
	OVAL (Speci		4B. DATE		240.	NAME OF CEMETER	OF CREMAI	ORT	240, 10	OCATION	. (City, town	or coun	17)	(Stote)
	Burial		6-11-	69	Mt	. Auburn Ce	metery		Balt	imor	e, l	Mary1	and		
25A.	DATE REC'D	BY HEALTH		25B. N	3 (F REGISTRAR		FUNERAL DI	RECTOR			AI	DRESS		4 1 3 1
		JUIT 3	1303	Uwy	ع تدرین	- Jaiber M.D	Ma Ma	arshall.	W	Jones	, J ₁	r. 17	35 H	arfor	d Ave.
1				6	of long	Contract of the second		3 6 3	- 2.5						



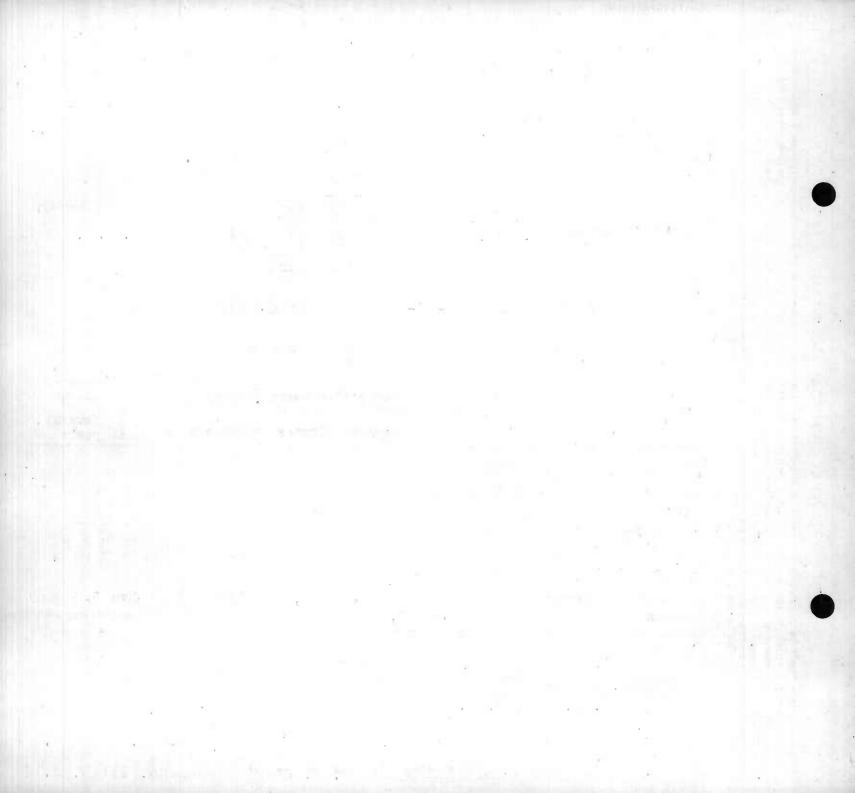
		IMORE MARYLAND, V	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE A. STATE B.	(Where deceased lived.	If institution: residence before admission		
HO:	L NAME OF SPITAL OR TITUTION	ADDRESS OR LOC	ATION)	UTION, GIVE STREET	c. CITY OR TOWN Baltimore	D.	INSIDE CITY LIMITS? YES X NO		
4	15 G00	d Samaritan	Hospita	1	E. STREET AND NUMBER 468 Tubman				
5. SI	EX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months: Doys Hours Min.		
N	Male	Negro	WIDOWED		3-9-1906	63			
				F BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTS		
	Laborer	voiking me, even in temed,			Georgia U.S.A.				
13. F	ATHER'S NAM	A E			14. MOTHER'S MAIDEN NAME				
(Gip Hard	rick			Martha ?				
15. V	Vas Deceased	Ever in U. S. Armed Fo	tes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
_	No	w yes, give weren		212-10-1561-	Mary Hardr	ick 468 Tubm	an Court		
	18.	24 10-1	G . 1	CAUSE OF DEAT			APPROXIMATE INTERVAL		
	-	ANTECEDENT CAUSE	S	(B) areby	al vascui	lar accider	t 3/6/69		
ICATION	DISEASES OF THE PROPERTY OF THE PROPERTY OF THE DEAT DISEASE OF CO.	OR CONDITIONS, if a abave cause (A) CONDITION last. II CLANT CONDITIONS CONDITIONS CONDITION GIVEN IN PA	any, giving) stating the ONTRIBUTING THE TERMINAL ART 1 (A). NOTION FOR	(c) ather	rescleration rescleration related but carrier	Cardiova not proves	se alseise -		
RTIFICATIO	OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF	OR CONDITIONS, if a abave cause (A) CONDITION last. IL CONDITION S CONDITIONS CONDITIONS CONDITION GIVEN IN PARTICIPATION PROPERATION 198. CONDITION S PE	ONTRIBUTING THE TERMINAL ART 1 (A). NOTION FOR	(c) ather Susponential WHICH OPERATION	S A CONSEQUENCE OF: RESCLESSION Selected but Carusasins [20A. AUTOPSY? (Yes	Cardiova not proves a proves or No) 20B, IF YES, V	VERE FINDINGS CONSIDERED G CAUSES OF DEATH?		
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DICAL CERTIFICATIO	DISEASES CORISE to the UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OR CONTRIBLE OR CONTRIBLE DEATH (notify 21D. TIME	OR CONDITIONS, if a abave cause (A) CONDITION last. IL CONDITION S CONDITIONS CONDITIONS CONDITION GIVEN IN PARTICIPATION PROPERATION 198. CONDITION S PE	ONTRIBUTING THE TERMINAL ART 1 (A). NOITION FOR REFORMED	(c) Ather Susp Occurr WHICH OPERATION B. PLACE OF INJURY (e.g., me, form, foctory, street, company)	SA CONSEQUENCE OF: CASCLESTIC Sected but CASCLESTIC 20A. AUTOPSY? (Yes in or obout 21 C. WHERE office bldg., INJURY OCC	Cardiova not proves a proves or No) 20B, IF YES, V	VERE FINDINGS CONSIDERED G CAUSES OF DEATH?		
CAL CERTIFICATIO	DISEASES CONTISE TO THE SIGNIF TO THE DEAT DISEASE OR CONTRIBLE OR CONTRIBLE DEATH (notify 21D. TIME OF INJURY	OR CONDITIONS, if a abave cause (A) CONDITION last. ILL. CICANT CONDITIONS CONDITIONS CONDITION GIVEN IN PARTICULATION OPERATION 198. CONDITION GIVEN IN PARTICULATION OPERATION 198. CONDITION GIVEN IN PARTICULATION OPERATION 198. CONDITION 198. CONDI	any, giving staling the Staling the TERMINAL ART 1 (A). DOITION FOR REFORMED 21 ho etc.	WHICH OPERATION B. PLACE OF INJURY (e.g., me, form, foctory, street, c) E. INJURY OCCURRED hile At Not Whi	SA CONSEQUENCE OF: CASCLESATION Sected But CASCLESATION 20A. AUTOPSY? (Yes in or obout 21C. WHERE office bldg., INJURY OCC 21F. HOW D	Cardiova Prot proves or No! 20B. IF YES, V IN CERTIFYING	VERE FINDINGS CONSIDERED G CAUSES OF DEATH?		
MEDICAL CERTIFICATIO	DISEASES CORISE to the UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OR CONTRIBL OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.)	DR CONDITIONS, if a abave cause (A) CONDITION last. II CICANT CONDITIONS CONDITIONS CONDITION GIVEN IN PROPERTY OF CAUSE OF MEDICAL CONDITION GIVEN IN PROPERTY OF CAUSE OF MEDICAL CONDITIONS (Month) (Doy) (Year Month) (Doy) (Year Month) (Doy) (Year Month)	any, giving staling the Staling the Staling the TERMINAL ART 1 (A). Molifion FOR REFORMED	WHICH OPERATION B. PLACE OF INJURY (e.g., me, form, foctory, street, c) E. INJURY OCCURRED hile At Not Which ork	SA CONSEQUENCE OF: CASCLESATION Sected But CASCLESATION 20A. AUTOPSY? (Yes in or obout 21C. WHERE office bldg., INJURY OCC 21F. HOW D	or No) 20B. IF YES, V IN CERTIFYING UR? (If in Bo	VERE FINDINGS CONSIDERED CAUSES OF DEATH?		
MEDICAL CERTIFICATIO	DISEASES OF THE SIGNIF TO THE DEAT DISEASE OR CO 19 A. DATE OF OR CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22, I certify	OR CONDITIONS, if a abave cause (A) CONDITION last. II CLANT CONDITION S CONDITIONS CONDITION GIVEN IN PARTICLE OF MAS PER CONDITION GIVEN IN PARTICLE OF MEDICAL CAUSE OF MEDI	ONTRIBUTING THE TERMINAL ART 1 (A). NOTION FOR REFORMED 21 ho etc () (Hour) 21 W w	WHICH OPERATION B. PLACE OF INJURY (e.g., me, form, foctory, street, c) E. INJURY OCCURRED hile At Not Whi	20A. AUTOPSY? (Yes in or obout 21C. WHERE office bldg., INJURY OCC	Cardiova Prot proves or No! 20B. IF YES, V IN CERTIFYING DID UR? (If in Bo	VERE FINDINGS CONSIDERED CAUSES OF DEATH?		
MEDICAL CERTIFICATIO	DISEASES CORES TO THER SIGNIF TO THE DEAT DISEASE OR CORES TO THE DEAT OF CONTRIBLE DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we)	PR CONDITIONS, if a abave cause (A) CONDITION last. II CANT CONDITION S CONDITION S CONDITION GIVEN IN PARTICLE OF CAUSE OF Medical examiner) (Month) (Doy) (Year that (I) (†his haspitalist saw the decease.)	ONTRIBUTING THE TERMINAL ART 1 (A). NOTION FOR REFORMED 21 ho etc (r) (Hour) 21 W W al) attended sed alive an.	WHICH OPERATION B. PLACE OF INJURY (e.g., me, form, foctory, street, c) E. INJURY OCCURRED hile At Work the deceased fram 6 5	20A. AUTOPSY? (Yes in or obout 21C. WHERE office bldg., INJURY OCC 21F. HOW D 3-7 1969	Cardiova Proves or No) 20B, IF YES, V IN CERTIFYING DID UR? (If in Bo ID INJURY OCCUR? 19 69 to and that in (my) (aun	VERE FINDINGS CONSIDERED CAUSES OF DEATH?		
MEDICAL CERTIFICATIO	DISEASES CORES TO THER SIGNIF TO THE DEAT DISEASE OR CORES TO THE DEAT OF CONTRIBLE DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we)	PR CONDITIONS, if a abave cause (A) abave cause (A) CONDITION last. ILLICANT CONDITIONS CONDITIONS CONDITION GIVEN IN PROPERATION 198. CONDITION GIVEN IN PROPERATION 198. CONDITIONG CAUSE OF medicol exominer) (Month) (Doy) (Year that (I) (this haspit last saw the decease of from the causes st	ONTRIBUTING THE TERMINAL ART 1 (A). NOTION FOR REFORMED 21 ho etc (r) (Hour) 21 W W al) attended sed alive an.	WHICH OPERATION B. PLACE OF INJURY (e.g., me, form, foctory, street, c) E. INJURY OCCURRED hile At Not Which the deceased fram	20A. AUTOPSY? (Yes in or obout 21C. WHERE office bldg., INJURY OCC 21F. HOW D 3-7 1969	Cardiova Proves or No) 20B, IF YES, V IN CERTIFYING DID UR? (If in Bo ID INJURY OCCUR? 19 69 to and that in (my) (aun	VERE FINDINGS CONSIDERED CAUSES OF DEATH?		
MEDICAL CERTIFICATIO	OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we) and haur and	PR CONDITIONS, if a abave cause (A) abave cause (A) CONDITION last. ILLICANT CONDITIONS CONDITIONS CONDITION GIVEN IN PROPERATION 198. CONDITION GIVEN IN PROPERATION 198. CONDITIONG CAUSE OF medicol exominer) (Month) (Doy) (Year that (I) (this haspit last saw the decease of from the causes st	ONTRIBUTING THE TERMINAL ART 1 (A). NOTION FOR REFORMED 21 ho etc (r) (Hour) 21 W W al) attended sed alive an.	WHICH OPERATION B. PLACE OF INJURY (e.g., me, form, foctory, street, comments) E. INJURY OCCURRED hile At Work the deceased fram 6-5 (1) (We) (did) (did nat)	20A. AUTOPSY? (Yes in or obout 21C. WHERE office bldg., INJURY OCC 21F. HOW D ile 3-7 1969 view the bady after d	or No) 20B. IF YES, VIN CERTIFYING DID WR? (If in Bound that in (my) (aureath.	VERE FINDINGS CONSIDERED CAUSES OF DEATH? Oltimore City, give exoct location		
MEDICAL CERTIFICATIO	OTHER SIGNIF TO THE DEAT DISEASE OR C 19A. DATE OF CONTRIBL DEATH (notify 21D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we) and haur and	PR CONDITIONS, if a abave cause (A) abave cause (A) CONDITION last. II CICANT CONDITION S CONDITIONS CONDITION GIVEN IN PROPERATION 198. CONDITION GIVEN IN PROPERTY IN GOVERNMENT IN TOWN STATE OF MEDICAL CONTROL (Month) (Doy) (Year that (I) (this haspit last saw the decease of from the causes state of the cause of the	ONTRIBUTING THE TERMINAL ART 1 (A). NOTION FOR REFORMED 21 ho etc (r) (Hour) 21 W W al) attended sed alive an.	WHICH OPERATION B. PLACE OF INJURY (e.g., me, form, foctory, street, c) E. INJURY OCCURRED hile A1 Not Whork A1 Work the deceased fram 6-5 (1) (We) (did) (did nat)	20A. AUTOPSY? (Yes in or obout 21C. WHERE office bldg., INJURY OCC 21F. HOW D ile 3-7 1969 view the bady after d	Cardiova Prot proves or No! 20B. IF YES, V IN CERTIFYING ID INJURY OCCUR? 19 67 to and that in(my) (aureath.	VERE FINDINGS CONSIDERED CAUSES OF DEATH? Collimore City, give exoct location 19 69 aplnian death accurred an the death accurred an the death accurred and th		
MEDICAL CERTIFICATIO	DISEASES CORISE to the UNDERLYING OTHER SIGNIF TO THE DEAT DISEASE OR CONTRIBLE OR CONTRIBLE DEATH (notify 21D. TIME OF INJURY (APPROX.) 22, I certify that (1) (we) and haur and 23A. SIGNATURE 23C. PHYSICIA	OR CONDITIONS, if a dave cause (A) of CONDITION last. II CLANT CONDITION S CONDITIONS CONDITION GIVEN IN PARTICIPATION 178. CONDITION GIVEN IN PARTICIPATION (MAS PER MAS UNDERLYING CAUSE OF medical examiner) (Month) (Doy) (Year that (I) (this haspit last saw the decease of from the causes state of the cause of the causes state of the causes state of the cause	any, giving stating the Stating the Stating the TERMINAL ART 1 (A). NDITION FOR ERFORMED 21 ho etc. (1) (Hour) 21 WW. al) attended sed alive an. ated abave.	WHICH OPERATION B. PLACE OF INJURY (e.g., me, form, foctory, street, c) E. INJURY OCCURRED hile A1 Not Whork A1 Work the deceased fram 6-5 (1) (We) (did) (did nat)	20A. AUTOPSY? (Yes in or obout 21C. WHERE office bldg., INJURY OCC 21F. HOW D 21F. HOW D	Cardiova Prot proves or No! 20B. IF YES, V IN CERTIFYING ID INJURY OCCUR? 19 67 to and that in(my) (aureath.	VERE FINDINGS CONSIDERED CAUSES OF DEATH? Collimore City, give exoct location 19 69 aplnian death accurred an the death accurred an the death accurred and th		

BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV. 1/1/68

	6	9 58	200	HEALTH DEPARTMENT	REG. NO.	
BIRTH NO.	0		CERTIFICA	TE OF DEATH		69 5835
Type or Print)	CEASED				ID HOUR OF DEATH	
	Alstine C.			6-5-		1:30 P
3. PLACE IN BA	LTIMORE, MARYLAND, V	VHERE PRONO	UNCED DEAD	A. STATE B. COUN	TY	stitution: residence before admissi
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTIT	UTION, GIVE STREET	Md . C. CITY OR TOWN	In INS	IDE CITY LIMITS?
	911 Pinewoo	nd Avre		Baltimore		YES X NO
00	./II IIIIOWO	/u 11 7 0 ,		E. STREET AND NUMBER		
00				2911 Pinewo		
5. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Months Doys Hours Min
M	W	WIDOWED	DIVORCED _	2-27-1895	74	
	CUPATION (Give kind of wo working life, even if retired)	Seal1		11. BIRTHPLA CE (Stote or fore	ign country)	12. CITIZEN OF WHAT COUN
	Salesman	Dai		Virginia 14. MOTHER'S MAIDEN NAM		U.S.A.
3. FATHER'S NA	ME		U	14. MOTHER'S MAIDEN NA	ME	
Caleb		rant		Etta Lusby		
5. Wos Deceose Yes, no or unknow	d Ever in U. S. Armed Fo	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Yes	World Was			Florence E.	Bryant	Same
18.4	2 X I		CAUSE OF DEAT			APPROXIMATE INTERV
DISEA	SE OR CONDITION D	IRECTLY				
	LEADING TO DEATH		(A) IMMEDIATE CAL	JSE Cardiac arres	t	Sudden
	nat mean the mode a , asthenia, etc. It mean		DUE TO, OR AS	A CONSEQUENCE OF:		
injury or co	mplication which cause	d death.)				Several
	ANTECEDENT CAUSE	S	(8)Con	gestive heart f	ailure	months
	OR CONDITIONS, if ne abave cause (A)			A CONSEQUENCE OF:		Several
	G CONDITION last.	sidility life	(c) Sev	ere pulmonary e	mphysema	years
	II					
OTHER SIGNI	FICANT CONDITIONS CO	ONTRIBUTING				
I DISEASE OR	CONDITION GIVEN IN PA	RT 1 (A).	WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208 IE VES WEDE	FINDINGS CONSIDERED
H IVA. DATE O		REDRINED	WHICH OPERATION		IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
21 A. ACCIDI	ENT WAS UNDERLYING	211	B. PLACE OF INJURY (e.g., i	NO	(If In Boltimo	re City, give exact location)
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF y medical examiner	hor	ne, form, foctory, street, o	ffice bldg., INJURY OCCUR?		
O 21D. TIME	(Month) (Day) (Year	(Hour) 21F	, INJURY OCCURRED	21F. HOW DID INJ	IURY OCCUR?	
S OF INJURY	1=0,7	W	hile At Not Whil	le 🗖		
(APPROX.)			ork At Work		(-	Toma 2/0
22. I certif	y that (1) (18030180000	il) ottended	the deceosed from		19 61 to	June 3, 19 69
					not in (my) (XDE) op	Inlon death occurred on the
		ated obave. ((1) (396) (did) (d)(38(36t) v	view the body ofter deoth.		less BATE SIGNIES
23A. SIGN AT	URE O 1	0	Ди	ending Med.	Shaff [238, DATE SIGNED
	0.4.	Lui.		rs. Director	Staff Phys.	6/6/69
23 C. PHYSICI NAME	AN'S Type)			23D. ADDRESS		
		iu, M.	D. DEGREE	5300 Harford	d Ave.	
24A. BURIAL CR	EMATION, 24B. DATE		AME of CEMETERY OF CR		OCATION	ity, town, or county) (Stol
Buris	/	9 Mo	relend Mem	Park	Balto.	Co. Md.
25A. DATE REC'	D BY HEALTH DEPT.	25B. NAME	OF REGISTRAR	Park 25C. FUNERAL DIRECTO	R	ADDRESS
	JUN 9 196	9 Jaber	BE. Haber, M.D.	H W Tank	ns Sons	Co. Balto.Md.1
	- UMILV 194			THE PERSON NAMED IN COLUMN		



VS 151-REV. 1/1/6B

69 5836 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH BEG NO 5836

DIRTU NIC	MEI	JICAL EXA	WIINER 2	CEKITI	CATE OF	DEATI	REG. NO.		000	
BIRTH NO.				II. DATE				v - T		
1. NAME OF DEC (Type or Print)		•		2. DATE OF	Known 🗔	Month	Doy	Year	Hour	A
		ILSON		DEATH	Estimated .	June	7,1969		11:00	A _M .
4. PLACE IN BAL	TIMORE, MARYLAND,			3. DATE	INICED DEAD	Month	Doy	Yeor	Hour	
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPII ADDRESS OR LOC	TAL OR INSTITUTION, ATION)	GIVE STREET		JNCED DEAD ESIDENCE (Where		7,1969	residence he	11:00	
20	OVIDENT HOSP	ITAL		A. STATE	Maryland		B. COUNTY	27-	78	<i>y</i> ·,
6. SEX /	7. RACE	B. MARRIED X	EVER MARRIED	C. CITY OR	TOWN		D. INSIDE CIT	Y LIMITS?		
Male	White	WIDOWED [DIVORCED [Bal:	imore		YE	s 🛣 N	0 🗆	
9. DATE OF BIRT	H 10.AGE	In years If ander	1 Yr. If Under 24 Hrs. Doys , Hours , Min.	E. STREET	ND NUMBER					
1/1/192	lost birthd	45	l I I	1030	St.Duns	atans	Road			
, ,	State or foreign country)	12. CITIZ	EN OF	13. FATHER		,00420	11000			_
		WHA	T COUNTRY?							
Mary			S.A.	Jose	ph Wilso	n				
done during most of	IPATION (Give kind of wor working life, even if retired				K S MAIDEN NA	ME				
	nt-Restaur	ant WIISC	nis Rest	T. I	illian (Dliver				
16. WAS DECEAS	ED EVER IN U.S. ARME	D FORCES? 17.	SOCIAL	18. INFOR			AD	DRESS		
Yes, no or unknown	(If yes, give wor or dote:	s of service)	9-18-805	Mng	Elnore I	I WIT	gon	(Same	10	
19.	/ / /	<u></u>	CAUSE OF DEA		Eliora i	10 11 11 1	.SOII		OXIMATE INTE	RVAL
F7	661				1 6	11 6.1		BETWEE	N ONSET AND	DEATH
DISEAS	E OR CONDITION DIR	ECTLY	Multiple	e stab	vounds of	(left)	chest			
	LEADING TO DEATH		(A)IMMEDIATE	CAUSE						
	not mean the mode of d , osthenio, etc. It means th		DUE TO, OR	AS A CONSEC	UENCE OF:					
	mplication which coused d									
	NTECEDENT CAUSES	IV ORANIC	DUE TO, OR	AS A CONSE	OHENCE OF					
RISE TO TH	OR CONDITIONS, IF AN E ABOVE CAUSE (A) ST	ATING THE	DOL 10, OK	AS A CONSE	QUENCE OF.					
UNDERLYIN	NG CONDITION LAST.		(c)						A-4 0-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4	
₫										
OTHER SIGN	VIFICANT CONDITIONS									
	ATH BUT NOT RELATED TO R CONDITION GIVEN IN			4-4-4-4-000000000000000000000000000000						
20A. DATE O	F OPERATION 20B. CO		CH OPERATION W	AS PERFORA	NED			21. AUTOPS	SY? (Yes or	No)
5										
1//		Joon et a			OC WHERE DID	/If 1 P. In		<u> </u>	res	-
	NAL CAUSE WAS	home, for	CE OF INJURY (e.g., m, foctory, street, office	ce bldg., etc.)	NJURY OCCUR?	(It in Boltimor	e City, give exo	ct locotion)	1:	5-0
Q UTING □ CA	LUSE OF DEATH.		Restauran		Wilson Res				h Aver	nue
	(Month) (Doy) (Ye	or) (Hour) 22E.1	NJURY OCCURRED		2F. HOW DID IN	JURY OCCL	JR?			
OF INJURY	ne 7,1969	?? WHILI		WHILE	Subject fo	und Iv	ing in 1	h = 1 1 1, 2 2 1	7	
23.	16 7,1707	m. WOR	AL AIT	WORK	Jab Jeer It	Juliu Ly	THE THE	ITALLWAY		
I cert	tify that I held an	Inquiry In	spection A	stapsy 🔀	and that an t	his basis,	death in my	apinlon		
resul	ted from: Natural ca	uses Accid	dent Suici				ned manner [
		-0 0/			CHIEF MEDICAL	EXAMINER	K			
ACTUAL	1 / 1 of both	ell XX	sher M.	ASS	STANT MEDICAL	EXAMINER		D	ATE SIGNI	ED.
SIGNAT	IED'C	1 10 00			CIATE MEDICAL	EXAMINER		6/8/69	,	
NAME (RIICCOLL	S. Fisher	,M.D.	7331	C. T.			0,0,0		
24A. BURIAL CRE		24C. N	AME of CEMETERY	ar CREMATO	DRY 24D.	LOCATION	(City, town	, or county)	(Stote)
REMOVAL (Spec										
Entombm	ent 6/10	/69 Ic	rraine P	ark Ma	usoleum	Woo	dlawn	Balto	.Co.	Md.
	BY HEALTH DEPT.	25B. NAME OF	REGISTRAR	25C.	FUNERAL DIRECT	OR	e S A	DDRESS	LOOF	
	11110 106	00 200 08	Laber M.	D ne	nry W.Je			s Co.	247M3	You
	11 10 1 11 11 11 11	1795 B 1550 B 165	THE PARTY OF THE P	W - 01/10	A A A	200 1111	54 14 h 1/63	1/1/ m . l . 4		-

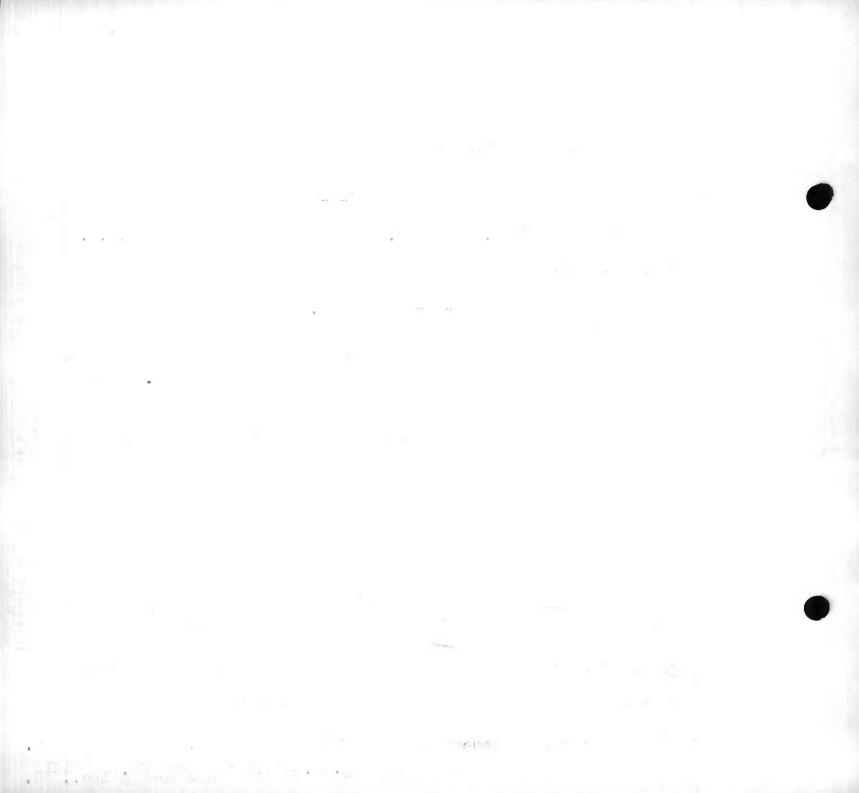
And building they bear a the state of the s Set ple time of the second

and

a hospital

98 93

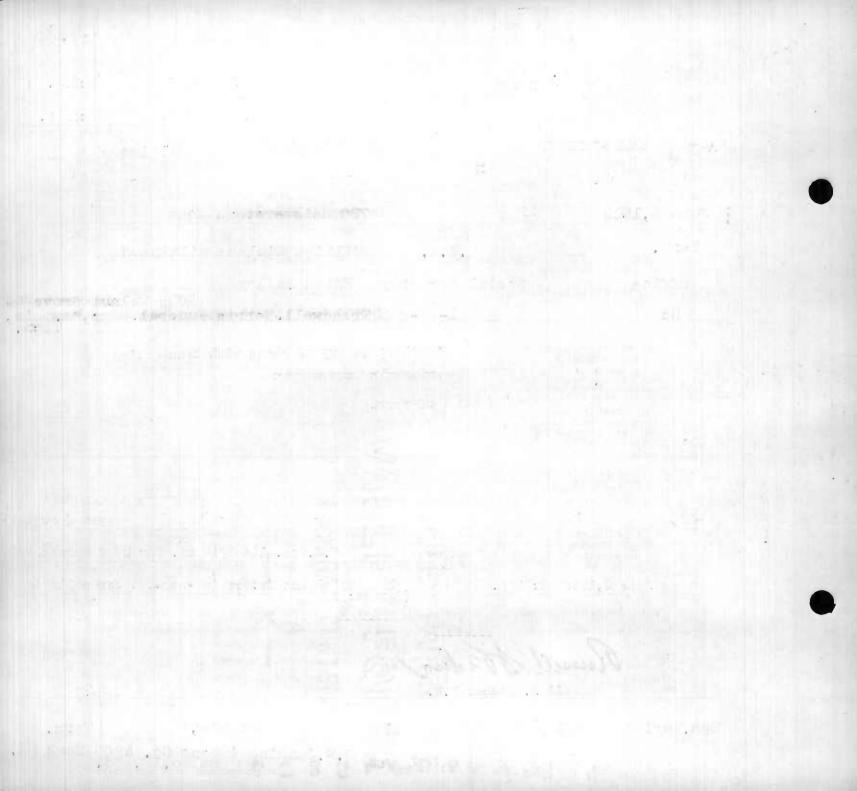
- P-	BALTIMOR	RE CITY HEALTH DEPARTMENT		UNEN . EUNAKU A
520 69	E007	ICATE OF DEATH	REG. NO	2-2-02 5000
BIRTH NO. 1. NAME OF DECEASED	CLIVIII			03 000
Type or Print EDWARD	ALLENS		ND HOUR OF DEATH	
3. PLACE IN BALTIMORE, MARYLAND, 1		4. USUAL RESIDENCE (Who	y deceased lived If i	nstitution: residence before admission
	THE TRUIT ON CED DEAD	A. SIATE B. COUR	NTY	nstitution testdence belote admission
HOSPITAL OR ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STRE			26-08
NSTITUTION		c.city or town Baltimore	D. INS	SIDE CITY LIMITS?
The Johns Hopki	ne Hoenital	E. STREET AND NUMBER		YES NO
) THE DOMES HOPKI	ns nospical	255 S. Hig	hland Ave	nue
S. SEX 6. RACE	7. MARRIED NEVER MARRI	ED 8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 His.
Male White	WIDOWED DIVORCE		67	TOURS PAIR.
A. USUAL OCCUPATION (Give kind of wor	TOR KIND OF BUSINESS OR IN	OUSTRY 1). BIRTHPLACE (Stole or fore	ign countryl	12. CITIZEN OF WHAT COUNTRY
Steel Worker	Beth. Steel C	o. Maryland		U.S.A.
FATHER'S NAME	DOOL DOOL O	14. MOTHER'S MAIDEN NA	ME	0.00.00
Edward A. Owens		Lula Blade		
. Was Deceased Ever in U. S. Armed Fo	114 60 51 11		3	
es, no or unknown! (If yes, give wor or dok	ces? 1 6. SOCIAL SECURITY NO	17. INFORMANT		ADDRESS
No	213-07-4	684A Mrs. Edwar	d Owens	Same
18. 44 9 2	CAUSE OF	DEATH		APPROXIMATE INTERVAL
DISEASE OR CONDITION DI	RECTLY			BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIA	ATECAUSE Emply Sou	ia + pullus	mary 7 years
(This does not mean the made of hearf laiture, asthenia, etc. It means	the disease. DUE TO.	OR AS A CONSEQUENCE OF?	,	1 1
injury or camplication which caused	deoth.)	moupped	rucy	
ANTECEDENT CAUSES	(R)	UU	,	
DISEASES OR CONDITIONS, II	any, giving DUE TO,	OR AS A CONSEQUENCE OF:		1
rise to the obove cause (A) UNDERLYING CONDITION lost	sloling the (C)	Inangrapriate A	LOHRY	1 mounts
11	(~/•••••••			***************************************
OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING			
TO THE DEATH BUT NOT RELATED TO T	HE TERMINAL	************		
19A. DATE OF OPERATION 19B. CON WAS PER	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No		FINDINGS CONSIDERED
WAS FEE		YES	IN CERTIFTING CA	USES OF DEATH? NO
On CONTRIBUTION TO CONTRACT	21B PLACE OF INJUR	r (e.g., in or obout 21 C. WHERE DID	(If In Boltimor	re City, give exact location)
DEATH (notify medical examined)	elc.)	reet onice biog., INJURI OCCUR?		
DEATH (notify medicol examined) 21 D-TIME (Month) (Doy) (Year)	(Hour 21E INJURY OCCURE	ED 21F. HOW DED INJ	URY OCCUR?	
OF INJURY (APPROX.)	While At N	of While		
		Work 🖵		1-1-
22. I certify that (1) (this hospital) ottended the deceased from	5/7/69	19to	6/69 19
that (1) (we) lost sow the decease	d olive on 96/69	19ond th	ot In (my) (our) opl	nion death occurred on the date
and hour and from the couses sta	ed obove. (1) (We) (did) (did			
23A. SIGNATURE				23B, DATE SIGNED
Occome L. Rub	u M.D.	Attending Med. Director	Stoff T	6/6/10
22C. PHYSICIAN'S NAME (Typel	DEGRI	Phys. Director 23D. ADDRESS	Phys.	1 1 0 7
		JOHNS HOPK	INC HOLDIT	A. 1
JERONE RUBL		DEGREE		
REMOVAL (Specify)	24C. NAME of CEMETERY		OCATION (Ci	ty, town, or county) (Slote)
Burial 6-9-19		Memorial :	Dorsey,	Md.
SA. DATE REC'D BY HEALTH DEPIO O	258 NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	Ama & Cam	ADDRESS 27 27 2
JUN 9 1969	Jahre E. Jaben	स्रुत् स. स. उन्म	ins & Son	oad Balto. Md.



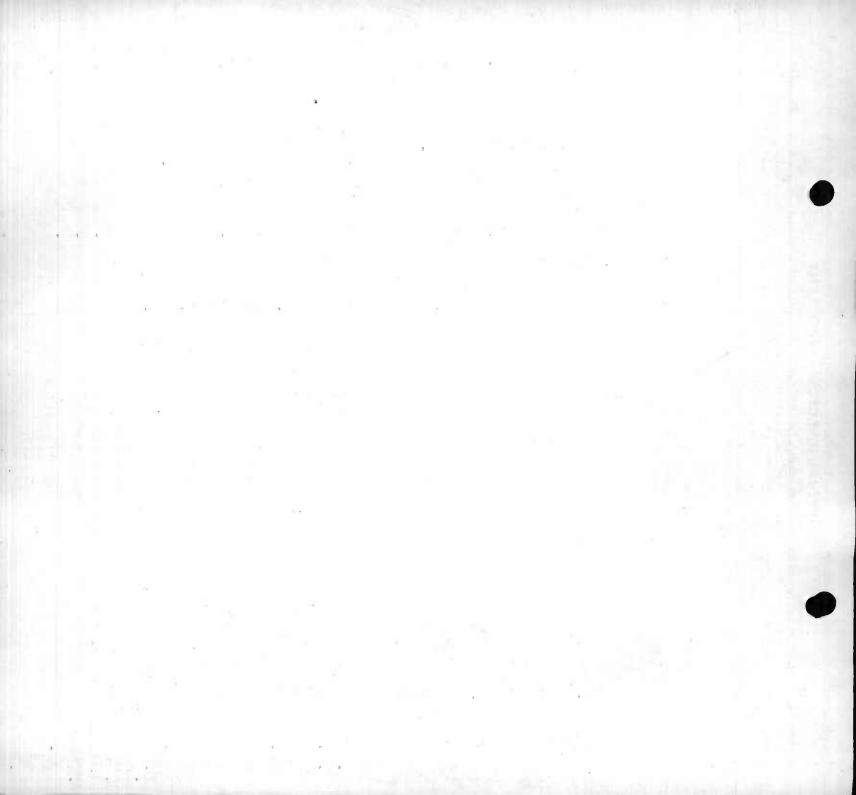
TH REG NO 69 5838

	00 000
111700	MEDICAL EXAMINER'S CERTIFICATE OF DEA
N-45L	BIRTH NO.

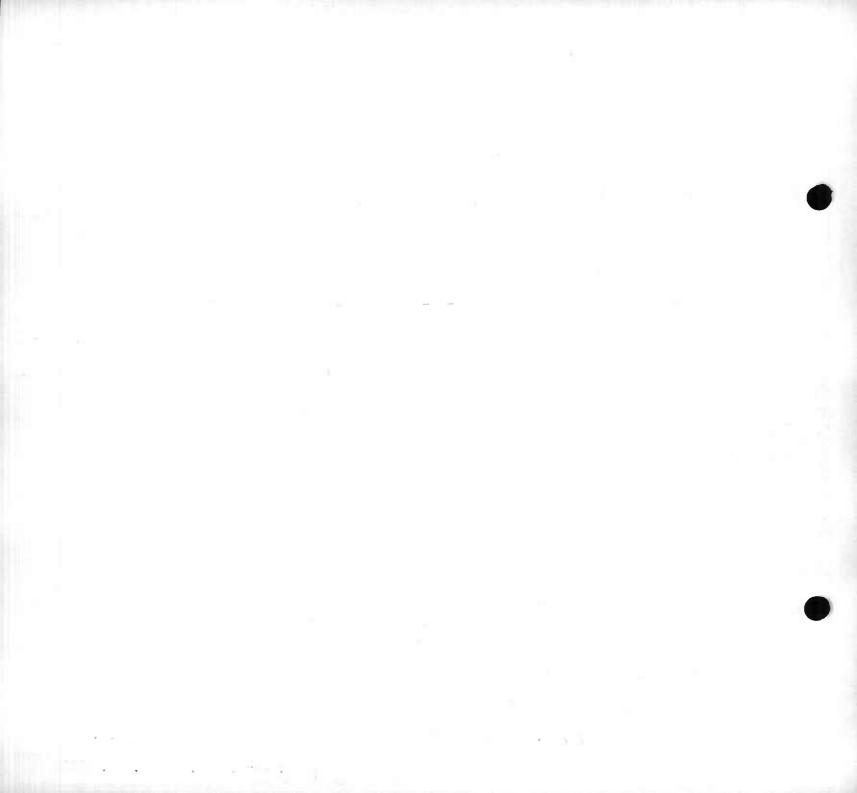
BIRTH NO.	REG. NO.
I. NAME OF DECEASED (Type or Print) ERNEST / WILKINSON	2. DATE Known Month Doy Yeor Hour OF DEATH Estimoted June 8, 1969 4:55A.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION)	PRONOUNCED DEAD June 8,1969 4:55 A. M.
1/ 2	3. USUAL RESIDENCE (Where deceosed lived. If institution; residence before admission) A. STATE B. COUNTY
SINAI HOSPITAL	Maryland Baltimore
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED DIVORCED 29. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs	Baltimore YES NO
lost birthdoy _ Months, Doys, Hours, Min	
	720 Reisterstown Road
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
Tenn. U.S.A.	William Nielson Wilkinson
Tenn. 14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRICATION OF BUSINESS OR INDUSTRICATION.	15. MOTHER'S MAIDEN NAME
done during most of working life, even if retired) Office Social Security	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	118 INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	2944 Walnut Grove Rd
NO 111-70-00	Treadwell-Norris Funeral. Home Nemphis
8/210	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Crushin	ng injury of chest with transection
(A)IMMEDIATE	CAUSE
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused de ath.)	CASCASCAN RECONSTRUCTOR CONTROL CONTRO
of aor	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OF	R AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	
UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	VAS PERFORMED 21. AUTOPSY? (Yes or No)
lo a	yes (partial)
₹ 22A. EXTERNAL CAUSE WAS 22B.PLACE OF INJURY(e.g	in or should 22C WHERE DID (II in Rollimore City, give exect location)
O INDEDIVING DO CONTRIB home, form, foctory, street, off	ice bldg., etc. INJURY OCCUR? U.S.Rte. 140 2/10 mi. North of Kenmar Aver
UTING ☐ CAUSE OF DEATH. Street 22D. TIME (Month) (Dov) (Year) (Hour) 22E INJURY OCCURRED	
OF INJURY NO	Y WATER
(APPROX.) June 0, 1909 2:10 And WORK	work Subject driver in auto-two car collision rtial)
I certify that I held an Inquiry Inspection A	utopsy 🔀 and that on this basis, death in my apinion
resulted fram: Natural causes Accident X Suice	ide Homicide Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL 19 ACTUAL OF STATE OF THE STATE OF TH	ASSISTANT MEDICAL EYAMINED TO DATE SIGNED
SIGNATURE / LISSELL / J VANAY /M.	.b.
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Russell S. Fisher, M.D. 24A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETER	Y or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	
Rem. Burial 6/10/69 Forest Hil:	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS Rd
10 00 00 7 00 a	H.W. Jenkins & Sons Co. 4905 York Rd.
111N 9 1969 P. 26 B & Jaken	Dallo, IZ, Mu,
VS 151-REV. 1/1/68	V



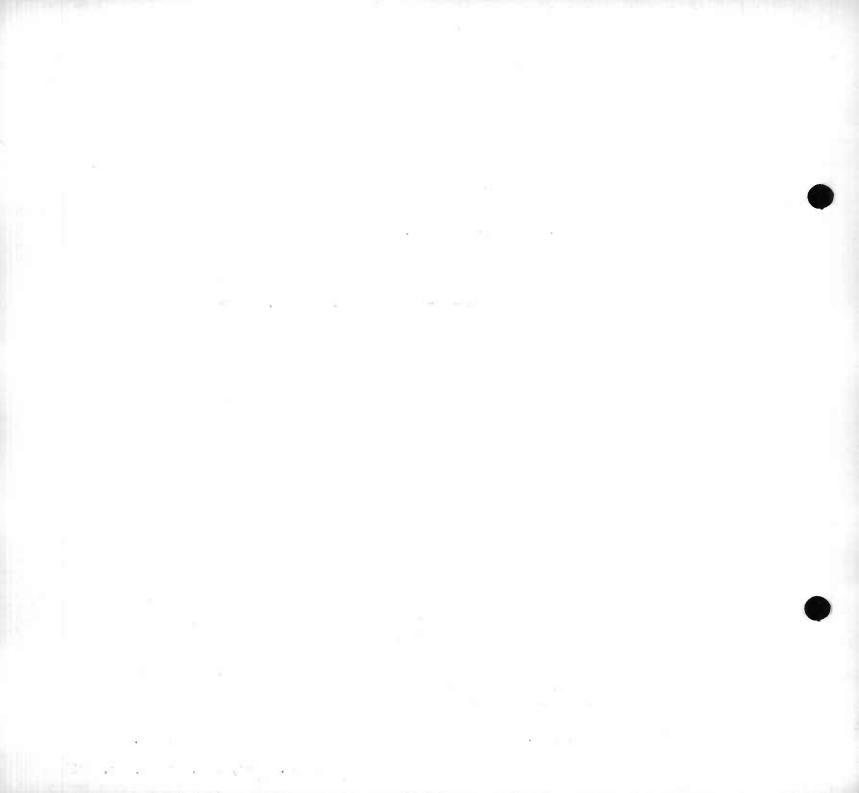
	6	9 5839	BALTIMORE CITY			3. NO.	5839
BIRTH NO.			CERTIFICA	TE OF DE	AIH		140
1, NAME OF	DECEASED Kathary	n E.	LeFaiv	re	June 8, 1		5-13 A M
	BALTIMORE, MARYLAND,			A. STATE			lion: residence before odmission)
HOSPITAL O	E OF (IF NOT IN HOS) OR ADDRESS OR LO	PITAL OR INSTITUTIO CATION)	DN, GIVE STREET	Md .		D. INSIDE	
00	1015 Wo	odbourne	Ave.	Baltin	NUMBER		s 🔀 NO 🗌
5. SEX	6. RACE	77		B. DATE OF BIRT	H 9. AGE (In		Under 1 Yr If Under 24 Hrs.
F	W	WIDOWED	DIVORCED _	3/9/190	04 lost birthdoy) M	onths Doys Hours Min.
done during m	OCCUPATION (Give kind of worst of working life, even if retired	1)				12	2. CITIZEN OF WHAT COUNTRY?
		Own H	iome	Baltin 14. MOTHER'S A	MAIDEN NAME		U.S.A.
Housewife 13. FATHER'S NAME Charles E. Murphy 15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) NO 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,				Elizab	eth Jacobs		
S. Wos Dec	eosed Ever in U. S. Armed known) (If yes, give wor or d	Forces? 1 6.		17. INFORMANT		Child N	ADDRESS
	0				G. LeFaivr	e, Sr.	(Same)
	SEASE OR CONDITION	DIRECTLY	TALL TO STO	1. 0	v. 16.	/.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEAT	Н	(A) IMMEDIATE CAU	slic LA	-Veretepa	AE-NO	49. 6 mos-
heort fo	ilure, osthenio, etc. Il meo r complicotion which cous	ns the diseose,	-	CONSEQUENCE	OF:	,	
	ANTECEDENT CAUS	ES	(B) A C/I	YOMA !	Right Kia	Ney	1968
	ES OR CONDITIONS, in the obove couse (A		DUE TO, OR AS	A CONSEQUENCI	E OF:	7	
UNDER	LYING CONDITION lost.		(C)				
TO THE	IGNIFICANT CONDITIONS C DEATH BUT NOT RELATED TO OR CONDITION GIVEN IN P	THE TERMINAL					
	TE OF OPERATION 198. CO		CH OPERATION	20A. AUTOPS	Y? (Yes or No) 20B. IF Y	ES, WERE FIND	DINGS CONSIDERED S OF DEATH?
OR CON	CIDENT WAS UNDERLYING	home, f	ACE OF INJURY (e.g., in orm, foctory, street, of	n or obout 21 C. Wi	HERE DID (IF	in Boltimore Cli	ty, give exoct location)
DEATH	(notify medical examiner) (Month) (Day) (Yea	etc.)	IURY OCCURRED	1215 40	W DID INJURY OCCU	P2	
OF INJU	IRY	While A			DID MAJORI OCCO		2/6-1
22. 1 ce	ertify that (1) (this hospi		AT WORK		18 168	. 6	18/68
	(we) last saw the decea		6-7				death accurred an the date
	ur and from the causes	Topod abave. (1) (W	(did) (did not) v	lew the bady at	fter death.		
23A. SIG	In thon I	Moss	Phu	nding Me	ed. Staff	231	A DATE SIGNED
23 C. PHY	ME Type Dr. An	thora		23D. ADDRESS	7 Varie Rand	Lo	101.
	CREMATION, 24B. DATE	thony F.	Carozza				
REMO	AL (Specify)		of CEMETERY or CRE		24D. LOCATION		own, or county) (Stote)
Buri 25A. DATE	REC'D BY HEALTH DEPT.	258, NAME OF R	ney Valle	Mem Gr	rds Timon L DIRECTOR Enkins & So		ADDRESS D
	(110.0 4	969 32.58	E. Harber, M.	D 4. 1. 16	mklus & 20	ns Co. Balto	4905 York Rd.
S 150-REV.	1/1/6B	700	100000000000000000000000000000000000000				



	Y HEALTH DEPARTMENT	5840
BIRTH NO. 69 5840 CERTIFICA	ATE OF DEATH REG. NO.	3010
Trype of Prints GARET JOHNSON	2. DATE AND HOUR OF DEATH	030 0
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution	: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) JOHNS HOPKINS HOSPITAL	C. CITY OR TOWN D. INSIDE CITY BALTO YES C.	-
33	E. STREET AND DUMBER 1230 PRIMROSE FI	NO L
5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	2-03-85 ost birthdoyl 4 Month	der 1 Yr. If Under 24 Hrs.
10A/USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired) Housewife	New Jersey	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
FREDERICK KIRCHNER	ANNIE Rice	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Ill yes, give wor or dates of service) No 16. SOCIAL SECURITY NO 151-05-5912D	Mrs. Dorothy Bradshaw	Address (Same)
18. 24 CAUSE OF DEAT	TH .	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		BETWEEN ONSET AND DEATH
LEADING TO DEATH If his does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease,	use CVA A CONSEQUENCE OF:	10 minus
injury or camplication which caused death.)		
ANTECEDENT CAUSES (B)	ASCVO	ZOVIS
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS rise to the above cause (A) stating the UNDERLYING CONDITION tast. (C)	S A CONSEQUENCE OF:	
11	,	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	onis sevel talue	1 month
19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	S CONSIDERED PEATH?
OR CONTRIBUTING CAUSE OF home, form, factory, street, of DEATH Inolify medical exemined	in or about 21C. WHERE DID (If in Boltimore City, g ffice bldg., INJURY OCCUR?	ive exact location)
21D-TIME (Month) (Day) (Yeer) (Hour) 21E INJURY OCCURRED OF INJURY (APPROX.) While At Not While At Work	21F. HOW DID INJURY OCCUR?	
22. I certify that (1) (this hospital) attended the deceased from		15 1969
that (1) (we) last saw the deceased alive on		
and hour and from the causes stated above. (1) (We) (dld) (did-not) v		
23A. SIGNATURE	238, D/	ATE SIGNED
23C-PHYSICIAN'S NAME (Type)	23D. ADDRESS	17167
RICHARD W. LIGHT DEGREE 24A. BURIAL CREMATION, 124B. DATE 24C. NAME OF CRAMETERS OF CREMETERS	Johns Hopkias Hosp EMATORY 1240, LOCATION (Gily, 10wh,	or county) (State)
Burial (Specify) 6/9/69. Laurel Grove Ceme	etery Patterson,	N.J.
JUN 9 1965 WAME OF REGISTRAR	Leonard J. Ruck, Inc. Balto.	Md. 21214

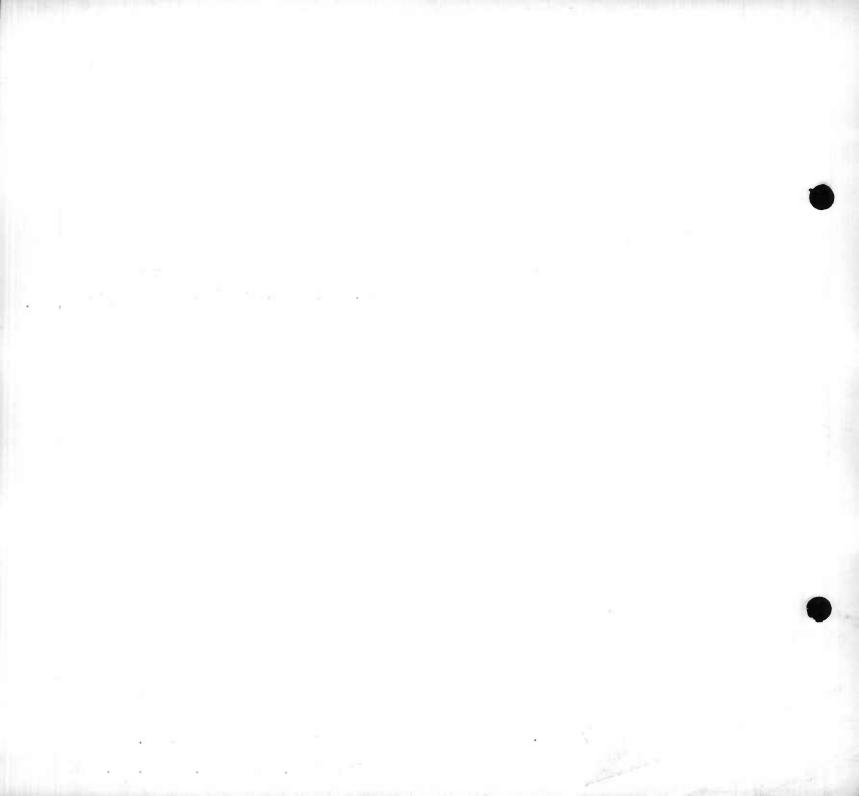


	69 5841 BALTIMORE CIT	TY HEALTH DEPARTMENT
- 11	SIRTH NO.	ATE OF DEATH REG. No. 3841
	Type of Print) AUGUST D. MANZI	2. DATE AND HOUR OF DEATH Color 1 1245 PM
- 16	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) ADDRESS OR LOCATION	C. CITY OR TOWN D. INSIDE CITY LIMITS?
ŀ	UNION WEMORIAL HOSPITAL	E. STREET AND NUMBER
17.		1 8. DATE OF BIRTH 19. AGE (In vegis 1) Under 1 Vr. If Under 24 Hrs.
	Wale W WIDOWED DIVORCED	19-06-03 lost birthdoy 65 Months Doy's Hours Min.
ŀ	OA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR one during most of working life, even if refired) RETIRE Balto. City Police Dept.	11.201
7	3. FATHER'S NAME	UAKYLAND . USA
ļ	5. Was Deceased Ever in U. S. Armed Forces? 116, SOCIAL	ANNA M. BISAIA
6	5. Was Deceased Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give wor or doles of service) NO 16. SOCIAL SECURITY NO. 216-01-2083	Mrs. Anna M. Manzo (Sa me)
ŀ	18. CAUSE OF DEA	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CA	Pardia asport
		S A CONSEQUENCE OF:
	ANTECEDENT CAUSES	ble Subaraenoid henvirage
	rise to the above cause (A) stating the	S A CONSEQUENCE OF:
	(0)	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
	19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes of No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	J 21A. ACCIDENT WAS UNDERLYINO 21B. PLACE OF INJURY (e.g., home, form, loctory, street, of DEATH (notify medical examine)	in or obout 21C, WHERE DID (If In Baltimore City, give exect location) office bidg., INJURY OCCUR?
	21D.TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED OF INJURY (APPROX.) While At Not Wh	21F. HOW DID INJURY OCCUR?
	22. I certify that (this hospital) ottended the deceased from	06-04 1969: 6-6 1069
	that (1) last saw the deceased alive on 6	19 6 g and that in (my) (Sect opinion death occurred on the date
	and haur and fram the causes stated abave. (1) (We) (did) (did of)	view the body ofter deoth.
	AH Phi	ending Med. Staff
	PHYSICIAN'S NAME (Type)	111101 NEMBRIAL HOSPITAL
10.4	4A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CR	
12	Burial 6/10/69. Holy Redeemer C 5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	1119 1969 2 3 8 E. Fabel, M.D.	O Legonard J. Ruck, Inc. Balto. Md. 21214
V	\$ 150-REV. 1/1/60	



Such

		69	584	BALTIMORE CITY	HEALTH DEPARTMENT	REG. NO.	69 5842	
BIRTH NO.			001	CERTIFICA	TE OF DEATH	1 / 120.110		
(Type or Pri		•	A	•		AND HOUR OF DEATH		-
2 8 4 6 6 1	MON	IE J.	MA	RTINO		6-8-69	5-30	AN
3. PLACE	IN BALTIMORE, MA	ARTLAND, WH	ERE PRONOT	UNCED DEAD	4. USUAL RESIDENCE (JUNIT	institution; residence before admi:	ssion
FULL NAM	AE OF (IF NO	T IN HOSPITAL	OR INSTITU	JTION, GIVE STREET	Maylans	Baltimor	re Mana	6
INSTITUTIO		SS OR LOCATI	ION)		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?	
X.		,	1	1 0	Balt		YES NO 🕅	
Ma	ryland &	eneral	Hosp	ital	E. STREET AND NUMBE	wick		
5. SEX	/				1624 18XX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
~ 3EV	6. RACE	/ /	MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Days Hours M	4 Hrs.
OA USUAL	0.001101-1011/0:		WIDOWED [08/24/93	175		11110
done during i	most of working life, or	ve kind of work[10 ven if retired]	B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Slate or	foreign country)	12. CITIZEN OF WHAT COU	JNTR
	wife xxxxx	' 1			Md.		USA	
3. FATHER					14. MOTHER'S MAIDEN	NAME	0021	
5 No. 8		C .	(SECENTAL		Sarah	Carman	motors	
res, no or un	ceased Ever in U. S iknown! Of yes, give	wor or dotes	s? of servicel	SECURITY NO.	Mr. William T	Martino 1,00	Underhill Place	
No				091 16 9717	# DECORROR	CCCCCoccoerafy	Alexandra a V	a.
18. 7	8-2 4			CAUSE OF DEAT	1	(// 48/3/8/3/4/6/2/2/3/	APPROXIMATE INTERV	
DISEAS	allure, asthenia, et or camplication wh ANTECEDEN SES OR CONDIT o the abave of ELYING CONDITION	ich coused de IT CAUSES IONS, if any cause (A) si	oth.)	(B)	A CONSEQUENCE OF:	*******************************	***************************************	****
C DISEASE	IGNIFICANT COND DEATH BUT NOT R OR CONDITION G	ELATED TO THE	TERMINAL	***************************************				
	TE OF OPERATION	198. CONDIT	ION FOR W				FINDINGS CONSIDERED	
OR CON	CIDENT WAS UND ITRIBUTING CAL (natify medical exam	DERLYING DISE OF	21 B, E hame etc.)	PLACE OF INJURY (e.g., ir , farm, factory, street, of	or obout 21 C. WHERE DID	(If in Boltimo	re City, give exoct locotion)	
OF INJU	RY	ay) (Year) (I		NJURY OCCURRED Not White At Work	21F. HOW DID I	NJURY OCCUR?		
22. 1 ce	ertify that (I) (thi	s hospital) a		deceosed fram		** (0		
	(we) last saw th				10/6	_19 <u>6 S</u> _ta	06 - 8 19 69	
					19and	that In (my) (our) opl	nion death occurred on the	date
23A. SIGI	NATURE	auses stated	obove. (1)	(me) (dld) (dld not) vi	ew the body after deat	10		
	she	me this	VELL	- 11 \ A	dia - u.i.		23B, DATE SIGNED	
226 844	(10) 1111	1 10	14000	M. D. GEGREE Phys.		Shoff Phys.	6/8/69	
NA	SICIAN'S ME (Type)	nr. H	mi T	Sai IA D	3 D. ADDRESS Ma	ryland Gener	al Hospital	
4A. BURIAL	CREMATION, 24	DATE.	24C. NAA	ME of CEMETERY OF CRE				
	0-34-1	6/10/69.		land Memorial	Cemetery	Baltimore,	ly, town, or county) (State	e)
JA, DATE I	REC'D BY HEALTH		NAME OF	E. Jaben M.D.	Leonard J. F	Ruck, Inc. Ba	lto. Md. 21214	



VS 150-REV. 1/1/68



	69	1844 BALTIMORE CIT	HEALTH DEPARTMENT		CO FOAA
	I NO.	CERTIFICA	TE OF DEATH	REG. NO	69 5844
	or Print)		2. DATE A	ND HOUR OF DEATH	
	OF Print Pay / NE W. Grac.	e	Jun	re 8, 1969	12:00 P
3. PL	ACE IN BALTIMORE, MARYLAND, WHERE PR	ONO UN CED DEAD	4. USUAL RESIDENCE (Whe	ere deceased lived, if in	stitution; residence before admis-
EUL	NAME OF UF NOT IN HOSPITAL OR IN	TOTAL TANK		AIT	111 211
謡	RAFICATE	CALL CIVE SIKEEL	Maryland C.CITY OR HOWN		11-24
			Baltimore	D. INSI	DE CITY LIMITS?
n	laryland beneral 1	/ / / / / / / / / / / / / / / / / / / /	E. STREET AND NUMBER		YES NO
' '	The grande between 1	rospiral		ford Ave.	
5. SEX	6. RACE 7. MADE	RIED NEVER MARRIED	9 DATE OF BIRTH	0.4000	
-		= =	8-11-05	9. AGE (In years lost birthdoy)	Months Doys Hours Min
10A. U	ISUAL OCCUPATION (Give kind of work 108, KIN)	WED DIVORCED	0-11-05	03	
00110 0	oring most or working me, even it tented)	D OL BOSINESS OK INDUSIKE			12. CITIZEN OF WHAT COUN
1	Tousewife A This		Pennsylvan	10	4.5.
	. /		14. MOTHER'S MAIDEN NA	MF	
/	Harry Frank		Mobile 1	1.	
15. W.	December 1 5 A 1 5 A	1 6. SOCIAL	Mable DI	INIGP	
(1 es, n	o or unknown? (If yes, give wor or doles of servi	COL CECTION NO	17. INFORMANT	(Husband)	ADDRESS
	1/v -	214-30-5284	HENRY J. Ore	2(42	same
18	The state of the s	CAUSE OF DEAT	rebral edema, se	Wowe	APPROXIMATE INTERV
	DISEASE OR CONDITION DIRECTLY	PEA TO M	Junited)	A 91.6	BETWEEN ONSET AND DE
	LEADING TO DEATH	(A) IMMEDIATE CAU	Journal &	Mouton	24/20
1 134	This does not meon the mode of dyings earl failure, osthenia, etc. It meons the disc	DUE TO, OR AS	CONSEQUENCE OF		
in	ijury or complication which caused death	tradente	s of left hip m	ultiple(2) re	cent
	ANTECEDENT CAUSES		offeretic	Heart US	2000 > 174460
D	ISEASES OR CONDITIONS, if any, gir	DUE TO, OR AS	A CONSEQUENCE OF:		
ris	se to the above cause (A) station	the (c)			
0	NDERLYING CONDITION last.	(c)			******************************
z		Tanhamia	/	. \ .	
임양	THER SIGNIFICANT CONDITIONS CONTRIBUTED THE DEATH BUT NOT RELATED TO THE TERMIN SEASE OR CONDITION GIVEN IN PART 1 (A). A-DATE OP OPERATION 1198. CONDITION F	G ISCHEMIC	(arteriosclerot	1c) heart	
Y DI	SEASE OR CONDITION GIVEN IN PART 1 (A).	ulzesse; sand	eidosis, treated		
ERTIFIC	A-DATE OF OPERATION 198. CONDITION FO	OR, WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAN	NDINGS CONSIDERED SES OF DEATH?
~			Y-es		y sea
OR	A ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in home, form, foctory, street, off	or obout 21 C. WHERE DID	(If In Boltimore	City, give exect locoton)
2 6	car (nonly medical examine)	elc.) Street_	Intersection	on of Belair	&Pelham Roads
Q 211	D. TIME (Month) Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJE		OZMANI MOGUS
	PPROX.) June 7,1969 10 P.M.	While At Not While	_ /		oging bolance
20		Work At Work	* * *	sidewark I	osing balance &
	I certify that (I) (this hospital) attende		Vane 1	9 07 to Vai	ne 8, 1969
the	at (1) (we) last saw the deceased alive a	in Jame t	19 6 9 and the	it in(my) (aur) apini	an death accurred an the d
an	d have and from the causes stated above	. (I) (We) (did) (did nat) vi	ew the bady after death.		
234	A. SIGNATURE			In the	3B, DATE SIGNED
	Wallin & Doda	ie mo Atten	ding Med.	Control	6-8-69
230	C. PHYSICIAN'S	DEGREE Phys.		Shaff Phys. 2	4-8-61
	NAME (Type)	li ha	D. ADDRESS	1. 1	11 - 1 1
144	William L. Doda	1E M. DEGREE	laryland.	veneral 2	10spilal
AA. BI	THE TOPOCHY!	NAME of CEMETERY of CREA	MATORY / 24D. LO	CATION (City.	town, or county) (State)
	Burial 6/12/69. G	ardens of Fai	th Cem.	Baltimor	
5A. D		IE OF REGISTRAR	25C. FUNERAL DIRECTOR		
		E Hailer M.D.	Leonard J.		Balto. Md.
\$ 150	-REV. 1/1/6B		To write or a	*******	~~~ -~.

Letter from Dr.W.Bradley King, Jr. Pathologist & Director of Laboratories, Maryland General Hospital, dated 7/7/69

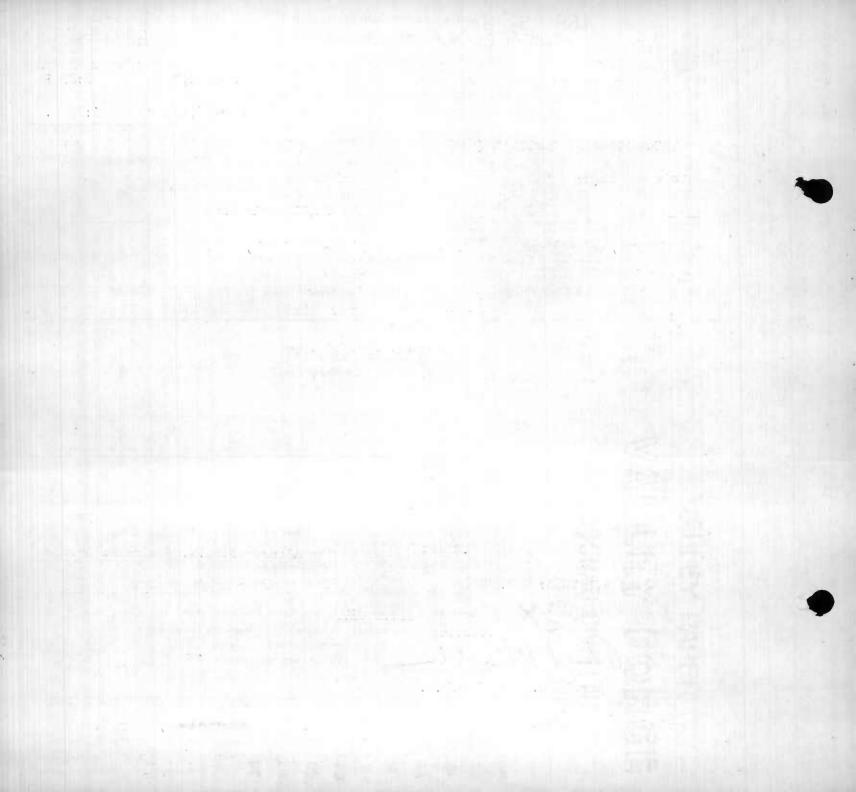
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BALTIMORE CITY HEALTH DEPARTMENT



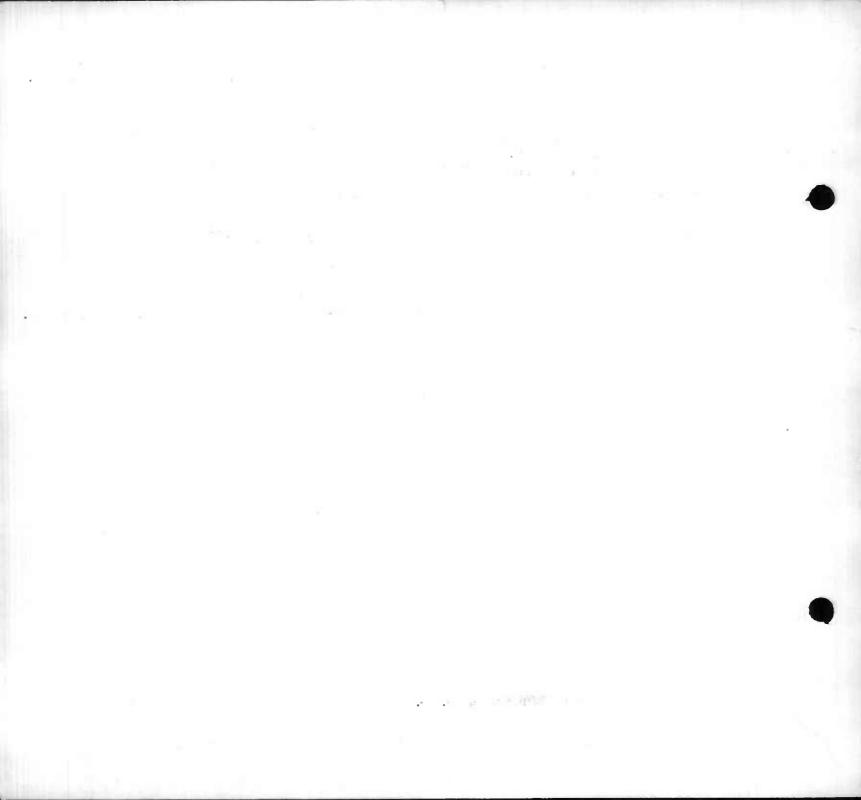
R-100

	6.1	1,000	69 ME	58 DICAI	A BALTIMORE CITY HILL EXAMINER'S	CERTIF	ARTMENT	F DEAT	H NO	69	5846
-	TH NO.	1,0482	,4						REG. NO.		
	NAME OF DE					2. DATE OF	Known 🗌	Month	6,1969	Year	3:55 P
-	DI ACE INI DA	BIRD			DONOUNCED DEAD	DEATH 3. DATE	Estimoted _				M.
FU	L NAME OF	(IF N		TAL OR INS	RONOUNCED DEAD STITUTION, GIVE STREET	PRONC	OUNCED DEAD		6,1969	Year	3:55 P. M.
OR	UNIO	N MEMO	RIAL H	OSPITA	AL (DOA)	5. USUAL A. STATE	RESIDENCE (Who Maryland		ed. If institutio B. COUNTY	n: residence	before odmission)
6.	SEX	7. RACE		8. MARI	RIED NEVER MARRIED	C. CITY O	RTOWN		D. INSIDE C	ITY LIMITS?	
	Female	Ne	gro		WED DIVORCED		timore			ES 🗹	No 🗆
	2-3-196		10. AGE lost birth	(In venrs	If Under 1 Yr. If Under 24 Hrs Months, Days, Hours, Min.		AND NUMBER 0 Allenda	le Road			
_	BIRTHPLACE (eign country		12. CITIZEN OF	13. FATHE	R'S NAME				
	Baltimo	ore	Marul	and	WHAT COUNTRY?	Gill	pert Rab	h Tr			
					D OF BUSINESS OR INDUSTR						
	Child						lie Mae				
16	WAS DECEAS	FD EVER II	N U.S. ARM	FD FORCE	S? 17. SOCIAL	IB. INFOR		ICCLIA	Α	DDRESS	
(Ye	NO.	(If yes, give	e war ar dote	s of service	SECURITY NO.		Birdie	Dahh			ndale St.
-	19.	1	73		CAUSE OF DEA		pridie	Ratio	2.500		PPROXIMATE INTERVAL
CERTIFICATION	heart failur- injury or co A DISEASES RISE TO TH UNDERLYI OTHER SIGI TO THE DE	e, asthenio, emplication w	ne made af etc. It meons t hich coused a	he disease, leath.) NY, GIVING TATING THE	(B) DUE TO, OR (C)	AS A CONSE	QUENCE OF:				
CERT	20 A. DATE O	F OPERATION	ON 20B. C	NOITION	FOR WHICH OPERATION V	AS PERFOR	MED			21. AUT	yes
22A. EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIBUTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURED OF INJURY (APPROX.) June 6,1969 3:20 Pem. WHILE AT WORK AT WORK AT WORK AT WORK AT WORK AND THIS Basis, death in my apinion Autapsy & and that on this basis, death in my apinion											
	ACTUAI SIGNAT EXAMIN NAME (TURE SER'S	hold	Uf	Accident X Suici	AS:	CHIEF MEDICAL SISTANT MEDICAL OCIATE MEDICAL	EXAMINER EXAMINER	SX	6/7/	DATE SIGNED
RE	A. BURIAL CRE MOVAL (Spec Buria	MATION,	24B. DATE	0-69	24C. NAME of CEMETERY Carver Mem	orial		Laur	el ,	Mary	
VS	151-REV. 1/1/6	В	69	1	2 6 9 0 0	0 1	ORTON &	PYETT	F.H.	1701	Laurens S



•	death occurred in a hospital and tor contributing cause of death Undetermined cause; (5) Deceased as in regular attendance on the deceased prior to death. Such stition is made.
IMPORTANT	or his assistant if Also, if the directe of any kind; (4) nounced death wattendance on the med or final dispo
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceases was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	TY HEALTH DEPARTMENT								
BIRTH NO. 69 5847 CERTIFIC	ATE OF DEATH REG. NO. 69 5847								
INAME OF DECEASED Type or Print) Gladys Britt	2. DATE AND HOUR OF DEATH								
	June 5, 1969 9.00								
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odm A. STATE 8. COUNTY								
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland /3-03								
NSHITUTION	C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS?								
Provident Hospital	E, STREET AND NUMBER								
1514 Division St.	2428 McCulloh St								
Baltimore, Maryland 21217 SEX 6. RACE 7. MARRIED NEVER MARRIED									
Female Negro WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years II Under 1 1/6. If Under 1 1								
OA. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLA CE (Stole or fareign country) 12. CITIZEN OF WHAT CO								
lone during most of working life, even II retired) School Teacher Retired									
3. FATHER'S NAME	Maryland, Balto. USA								
Joseph T. Ray	Estelle Rav								
5. Was Deceased Ever in U. S. Armed Forces? [65,no or unknown] Ulf yes, give wor or doles of service) SECURITY NO.	17. INFORMANT ADDRESS								
	ADDRESS								
No. 214-40-536	Title in the state of bukerand								
SA 9	APPROXIMATE INTE								
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	BETES MELLITES								
(This does not meen the mode of dying, e.g., (A) MMEDIATE CA	S A CONSEQUENCE OF:								
heart failure, astheric, etc. It means the disease, injury or camplication which caused death.)	SA CONSEQUENCE OF:								
ANTECEDENT CAUSES	BETEC MELLITUS								
	S A CONSEQUENCE OF:								
rise to the above cause (A) stoling the	S A CONSEQUENCE OF:								
UNDERLYING CONDITION lost. (C)									
. 11									
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	RALIZED HRTERIOS LEROII								
DISEASE OR CONDITION GIVEN IN PART 1 (A).									
WAS PERFORMED	20A. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?								
WAS PERFORMED WAS PERFORMED 218, PLACE OF INJURY (8.0									
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, farm, lociory, street, etc.)	in ar oboul 21C. WHERE DID (II In Ballimare City, give exact lacation) office bldg. INJURY OCCUR?								
2 21D. TIME (Month) (Day) (Year) (Hour 21E INJURY OCCURRED									
OF INJURY	21F. HOW DID INJURY OCCUR?								
(APPROX.) While AI Not Wh									
22. I certify that (1) (this haspital) attended the deceased fram	6/4, 1969 to 6/5 196								
that (1) (we) lost saw the deceased alive on									
								My Contield h DAH	ending THE Mad THE SLIT THE
								23C. PHYSICIAN'S NAME (Type)	ys. Director Phys.
Gilbert Banfield, M. D.	72 2 n. fully								
DECOME									
Divisor Are (specify)									
<u>Durial</u> 6-10-69 Balto. Nat'l	Cem. Baltimore, Maryland								
SA. DATE REC'D BY HEALTH DEPT 1969258. NAME OF REGISTERADE TELBER	25C. FUNERAL DIRECTOR ADDRESS								
150-05V 1/1/60	1 /10 / 10 h 2 LOUS / F. F. 1. / 101 Lautens ?								



BIRTH NO

FULL NAME OF HOSPITAL

OR INSTITUTION

Male

9. DATE OF BIRTH

Oct 31.

Unemployed

6. SEX

CERTIFICATION

I. NAME OF DECEASED (Type or Print)

ANDREW

7. RACE

1945 11. BIRTHPLACE (State or fareign country)

Baltimore, Maryland

16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)((If yes, give wor or dotes of service)

DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH

(This does not mean the made of dying, e.g., heart lailure, asthenia, etc. It meons the disease, injury or complication which coused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).

I certify that I held an Inquiry

24B. DATE

20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA

(Year)

Approx.

done during most of working life, even if retired)

Negro

LEAK

4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

ADDRESS OR LOCATION)

10. AGE (In years

lost birthdoy) 23

14A.USUAL OCCUPATION (Give kind al work) 14B. KIND OF BUSINESS OR INDUSTRY

ST. AGNES HOSPITAL (DOA)

. Jr.

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET

WIDOWED .

5848 BALTIMORE CITY HEA

B. MARRIED NEVER MARRIED

12. CITIZEN OF WHAT COUNTRY?

If Under 1 Yr. Il Under 24 Hrs.

Months | Days | Hours | Min.

U.S.A.

SOCIAL SECURITY NO.

22B. PLACE OF INJURY (e.g., home, lorm, factory, street, office

(Hour) 22E.INJURY OCCURRED

WHILE AT

m. WORK

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH
MILDICAL		CERTIFICATE		

AORE CITY HEA	ALTH DEP	ARTMENT				00		
INER'S C	ERTIF	ICATE O	F DEA	TH,	REG. NO.	69	5848	
	2. DATE OF DEATH	Knawn Estimoted	Month June	6,	1969	Yeor	2:55	A • _M .
DEAD E STREET		OUNCED DEAD	Month June		1969	Yeor	2:55 A	• M.
	A. STATE	Marylan		B. C	OUNTY	0	belare admission	37
R MARRIED	C. CITY C Bs1	timore		D.	INSIDE CI	TY LIMITS:	№ □	
Il Under 24 Hrs. Hours Min.		Edmonds o	n Aven	ue	11.	., (2)	NO L	
OF DUNTRY?	And	r's NAME lrew Lea	k, Sr.	•				
SS OR INDUSTRY		IER'S MAIDEN N	AME					
CIAL	IB. INFO	RMANT			AD	DRESS		
CURITY NO.		Margar	at Ta	2 %			nondson	Ave
Gunshot (A) IMMEDIATE C DUE TO, OR A (B) DUE TO, OR A	AUSE AS A CONSE					0.1	WEEN ONSET AND	
(88888888888888888888888888888888888888								
OPERATION WA							yes (Yes or	No)
Street office	in or abaut bldg., etc.)	22C. WHERE DID INJURY OCCUR Rear 325	N. Lyı	ndhu		ct lacation	3-37	
RY OCCURRED NOT AT W	WHILE K	Subject	NJURY OC	CUR?		ercat	ion	
ction Aut	e D	ond that on	Undetern	Ined	th In my manner			
W M.D	AS	CHIEF MEDICA SISTANT MEDICA					DATE SIGNE	ED

resulted fra	m: Notweal causes	Accident _	Suicide 🗌	HomicIde K	Und
	() 1	1111	11	CHIEF MEDICAL	EXA
ACTUAL SIGNATURE	1 Could	11 Kml	M.D.	ASSISTANT MEDICAL	EXA
EXAMINER'S NAME (Type)	Ronald N. Ke			ASSOCIATE MEDICAL	EXA/

Inspection

MINER

24D, LOCATION

6/6/69

REMOVAL (Specily) Burial 6-10-69

EXTERNAL CAUSE WAS

UNDERLYING OR CONTRIB-

(APPROX.) June 6,1969

UTING CAUSE OF DEATH.

22D. TIME (Month)

OF INJURY

Arbutus Memorial Park

24C. NAME of CEMETERY or CREMATORY

Baltimore, Maryland ADDRESS

(City, tawn, or caunty)

25A, DATE REC'D BY HEALTH DEPT.

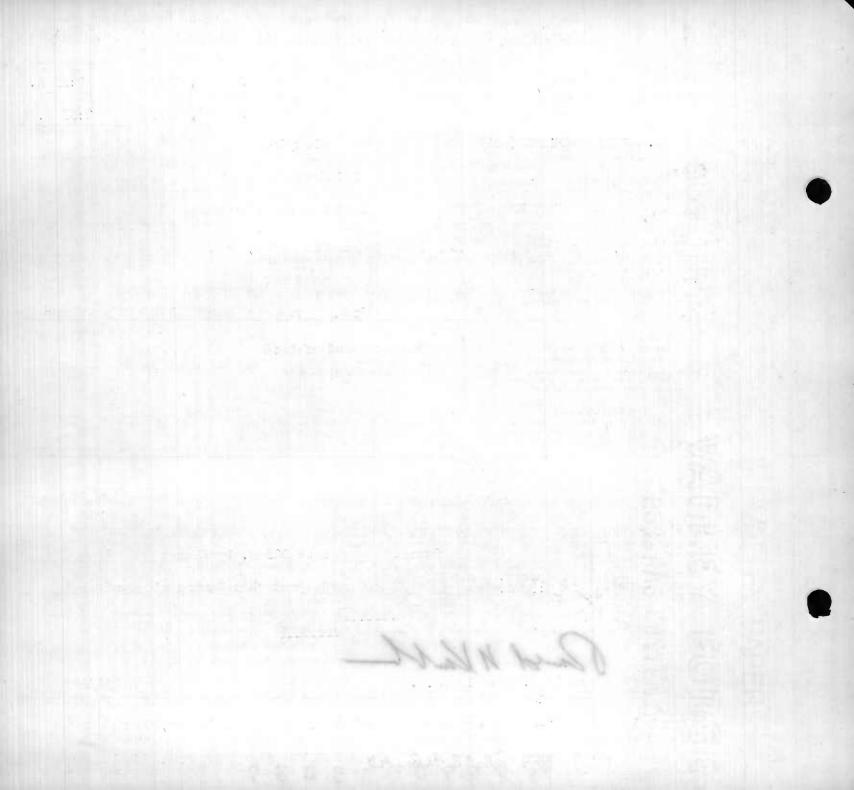
25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

DYETT F.H. 1701 Laurens St

VS 151-REV, 1/1/6B

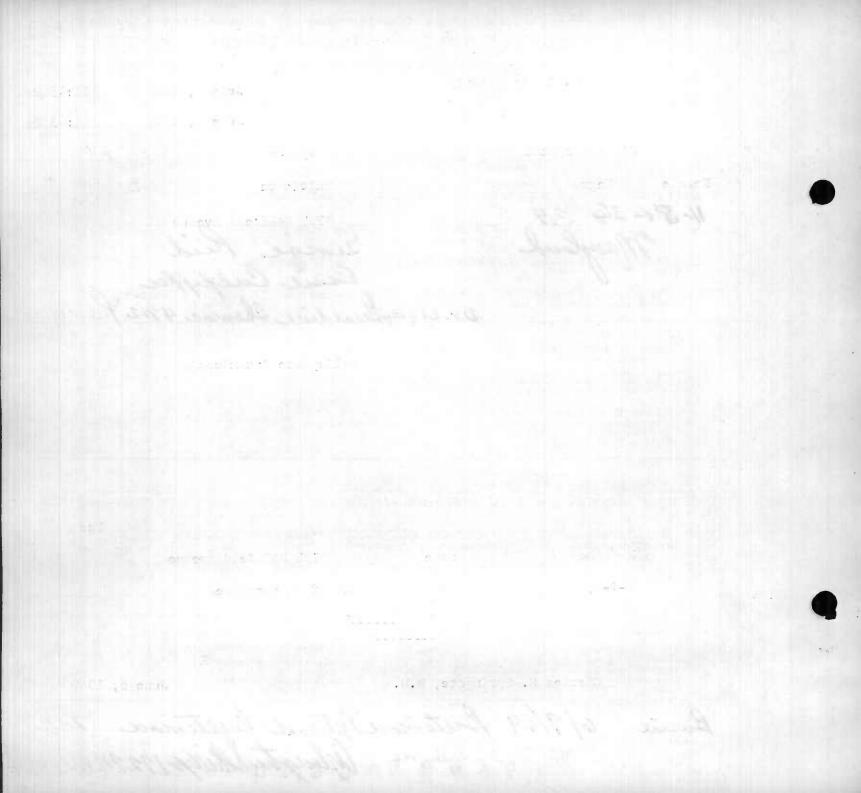
24A, BURIAL CREMATION,



69 5849 BALTIMORE CITY HEALTH DEPARTMENT

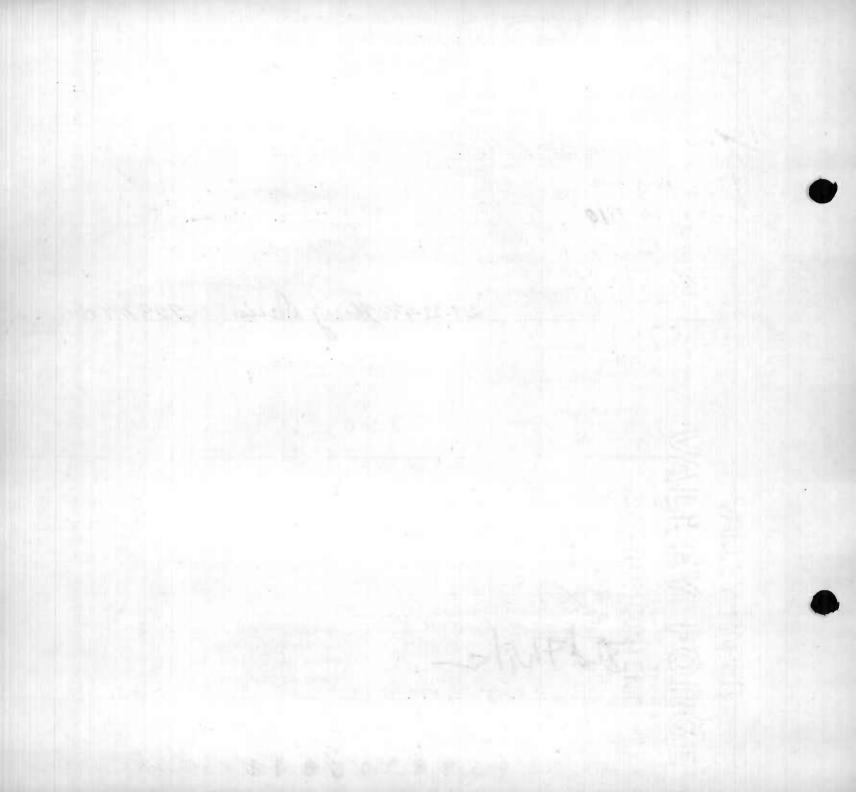
69	584
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MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) MARGARET SNOWDEN	2. DATE Known & Month Day Year Hour OF DEATH Estimoted June 4, 1969 11:45 PM.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD June 4, 1969 11:45 Pm.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) A. STATE B. COUNTY
Sinai Hospital	Maryland / 5 -//
6. SEX 7. RACE B. MARRIED NEVER MARRIED WIDOWED DIVORCED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Memale Negro WIDOWED DIVORCED 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	Baltimore YES NO DE STREET AND NUMBER
14-37 - 32 Ost birthdoy Months Doys Hours Min.	3702 Dolfield Avenue
11. BIRTHPLACE (State or creign caustry) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
Maryland	Deorge Reid
14A.USUAL OCCUPATION (G/v kind of work 14B. KIND OF BUSINESS OR INDUSTRY done during mast of working life eyen if retired)	15. MOTHER'S MAJOEN NAME
16. WAS DECEASED EVER IN U.S. ARMED FORCES? [17. SOCIAL	18/INFORMANT ADDRESS
(Yes, no ar unknown) (If yes, give wor ar dates of service) SECURITY NO. 218. 26 9244	Mes e Sine Thomas, 48/2 Falmer au
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL
25 79 0 1	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (A)IMMEDIATE C	AUSE Salicylate intoxication
heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:
inlury or camplication which caused death.)	
ANTECEDENT CAUSES (R)	
	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	
Z UNDERLYING CONDITION LAST. (C)	
9	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AUTOPSY? (Yes or No.)
	Yes
22B. PLACE OF INJURY (e.g., home, farm, foctory, street, offic	in or obaut 22C. WHERE DID (If in Baltimare City, give exoct location) e bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH. home	3702 Dolfield Avenue
22D. TIME (Month) (Day) (Year) (Hour) 22F.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) 6-4-69 7 WARE AT TO NOT	WHILE X Took overdose
(APPROX.) 6-4-69 ? m. WORK AT W	ORK X Took overdose
	A
	topsy X and that on this basis, death In my opinion
resulted from: Notyrol couses Accifent Suicio	Homicide Undetermined manner
0/0/1	CHIEF MEDICAL EXAMINER
ACTUAL LA X	ASSISTANT MEDICAL EXAMINER
SIGNATURE M.C	
EXAMINER'S Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER June 5, 1969
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	a Victoria & Bantine mil
pour of 1101 poetima	a july sullmore " " ".
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR ADDRESS
JUN 9 1969 Robert E. Farber, M.D.	- Whoused Miller 172. M. Meuros
VS 151-REV. 1/1/6B	1 2 1 - Denney 1 1 21 Ilan



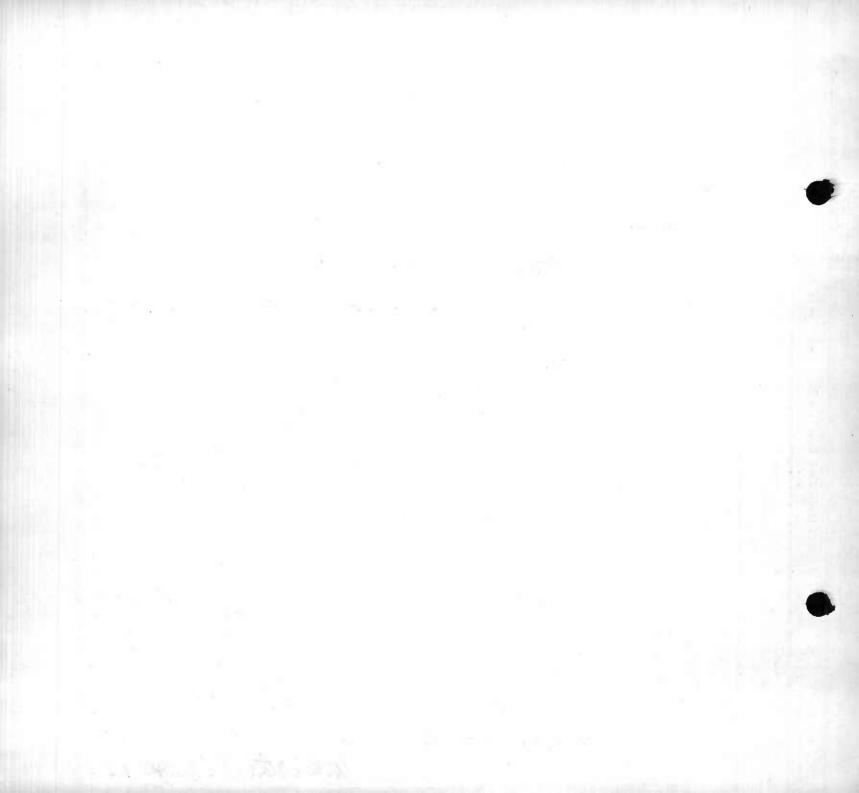
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MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	03 38.,0
BIRTH NO.		
1. NAME OF DECEASED (Type or Print)	2. DATE Known EX Month Doy	Yeor Hour
AGNES DAVIS	DEATH Estimoted 5 31	69 8:10 рм.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD May 31.	1969 8:10 p M.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution.	residence before admission)
7 11 77 117 70	A. STATE B. COUNTY	1127
Lutheran Hospital D.OA.	Maryland	20-31
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CIT	TY LIMITS?
Female Negro WIDOWED DIVORCED	Balto.	s 🗵 No 🗆
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.		SZ, NOL
Months, Doys, Hours, Min.	000 11 11 1 5+	
11. BIRTH LACE (Stole or in an country) 12. CITIZEN OF	223 Mt. Holly Ave.	
WHAT COUNTRY?	13. FATHER'S NAME	
Washington D. C. V.S.N.	Unknown	
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR' done doing most of working life, even it retired)	15. MOTHER'S MAIDEN NAME	
done destriction of the even frenced)	7/200 11111	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? [17. SOCIAL	1B. INFORMANT A	DDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	de de la constante de la const	27-11/21 0
217-22-431	Marry Harris 223	My thele XI
19. CAUSE OF DEA	TH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	0	DE MEET STATE OF SEATT
LEADING TO DEATH	T	
(A)IMMEDIATE C	CAUSE Liver cirrhosis AS A CONSEQUENCE OF:	
heort foilure, osthenio, etc. It means the disease, injury or complication which coused death.)	AS A CONSEQUENCE OF:	
injuly of complication which coused deam.)		
ANTECEDENT CAUSES (B)		
	AS A CONSEQUENCE OF:	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
[C]		
II II		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED	21. AUTOPSY? (Yes or No)
0		-
₹ 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g.,	to an all 22C WHERE DID (II) Date Co	Partial
U LINDERLYING TOP CONTRIR home, form, foctory, street, office	in or obout 22C. WHERE DID (If in Boltimore City, give exoce bldg., etc.) INJURY OCCUR?	criocotion)
UTING CAUSE OF DEATH.		
OF INJURY (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
(APPROX)	WHILE	
23.	ORK L	
	tapsy XX and that on this basis, death in my	onlaina
resulted from: Natural causes XX Accident Suicident	de 🔲 Homicide 🔲 UndetermIned monner L	
7 17 11	CHIEF MEDICAL EXAMINER	DATE CLONED
ACTUAL AUG 19/15	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE M.D		
EXAMINER'S NAME (Type) Edward F. Wilson M.D.	ASSOCIATE MEDICAL EXAMINER	1 1060
		ne 1, 1969
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	City, town	, or county) (Stote)
Theres 10-4-69 17 /	Condallation	~ Maryline
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR AI	DDRESS
200. TARINE OF REGISTRAN	11/1/- 10/1	
1111 0 1060 D & E Barbar K	and soll boutter of the then	M27 Myone SI
	1/1/10/19/19/19/19/19/19/19/19/19/19/19/19/19/	1-1-1-1-1

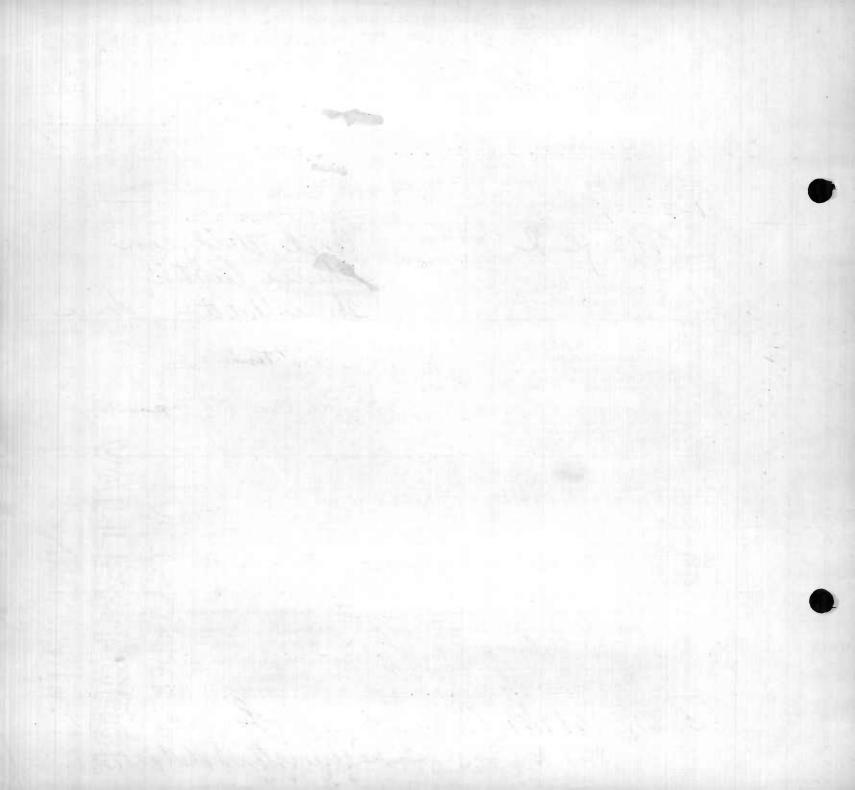


VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT



MEDICAL EXAMINER'S C	CENTIFICATE OF DEATH	69 5852
BIRTH NO.	LERTIFICATE OF DEATH REG. NO.	70 0002
1. NAME OF DECEASED (Type or Print) SHIRLEY LEE PARKER	2. DATE Knawn XX Manth Doy	Year Hour
SHIRLEY LEE PARKER	DEATH Estimated 4 6 2	69 1:57 р м
4. FLACE IN BALIMORE, MARIEAND, WHERE PRONOUNCED DEAD	3. DATE Manth Day PRONOUNCED DEAD	Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	June 2. 5. USUAL RESIDENCE (Where deceased lived. If institution:	*1969 1:57 DM
Druid Hill Pk. Reservoir D.O.A.	Maryland B. COUNTY	14-01
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CIT	TY LIMITS?
Female Negro WIDOWED DIVORCED	Balto. YE	s 🗆 NO 🗆
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs.	E. STREET AND NUMBER	3 10 1
1-30-34 last birthday) Months, Days, Hours, Min.	1709 West Fayette St.	
11. BIRTHPLACE (State or foreign country) / 12. CITIZEN OF	13. FATHER'S NAME	
MAT COUNTRY?	Cecil Widges	
14A.USUAL OCCURATION (We kind of wark 14B. KIND OF BUSINESS OR INDUSTR' done during mast of working life even if retired)	15. MOTHER'S MAIDEN NAME Pusten	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? [17. SOCIAL	G. stored Concrete	DRESS /
(Yes, na or unknown) (If yes, give war ar dates af service) SECURITY NO.	There dutit	Marie
19. CAUSE OF DEA	TH COLOR VILLED	APPROXIMATE INTERVAL
776,7	,	BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE (12 determined)	
(This does not mean the made of dying, e.g., OUETO OR	AS A CONSEQUENCE OF:	
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)	AS A CONSEQUENCE OF.	
	+ 2 + N1.	7
ANTECEDENT CAUSES (B)	AS A CONSEQUENCE OF:	Lecture
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
Z UNDERLYING CONDITION LAST. (C)		
OF II		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
208. CONDITION FOR WHICH OPERATION W	AS PERFORMED	21. AUTOPSY? (Yes ar Na)
274 4		YES
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. hame, farm, factory, street, affice uting Cause of Death.	in ar about 22C. WHERE DID (If in Boltimore City, give exact the bidg., etc.) INJURY OCCUR?	ct location)
2 22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
	WHILE TO THE TOTAL	
23.	YORK LI	
I certify that I held an Inquiry Inspection Au	tapsy 🔯 and that an this basis, death In my	oplnion
resulted fram: Natural causes Accident Suicident	de 🗌 , Hamicide 🔲 Undetermined manner 🛭	4
Co Milson / 1011	CHIEF MEDICAL EXAMINER	
ACTUAL) was	ASSISTANT MEDICAL EXAMINER XX	DATE SIGNED
SIGNATURE EXAMINER'S	ASSOCIATE MEDICAL EXAMINER	
NAME (Type) Edward F. Wilson, M.D.	XXX	June 5, 1969
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY		, ar county) (State)
REMOVAL (Specify)	may Sh. Dayrol	SMY.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	259 FUNERAL DIRECTOR AL	DDRESS
JUN 9 1969 Robert E. Faller.	10 / 10/1/2 to 1 /1/10/20	winaah W.
المالية المالية المالية المالية المالية المالية المالية	willingions, fulliff	1/2/11,11lan
VS 151-REV. 1/1/68	1 1 0 6 1	

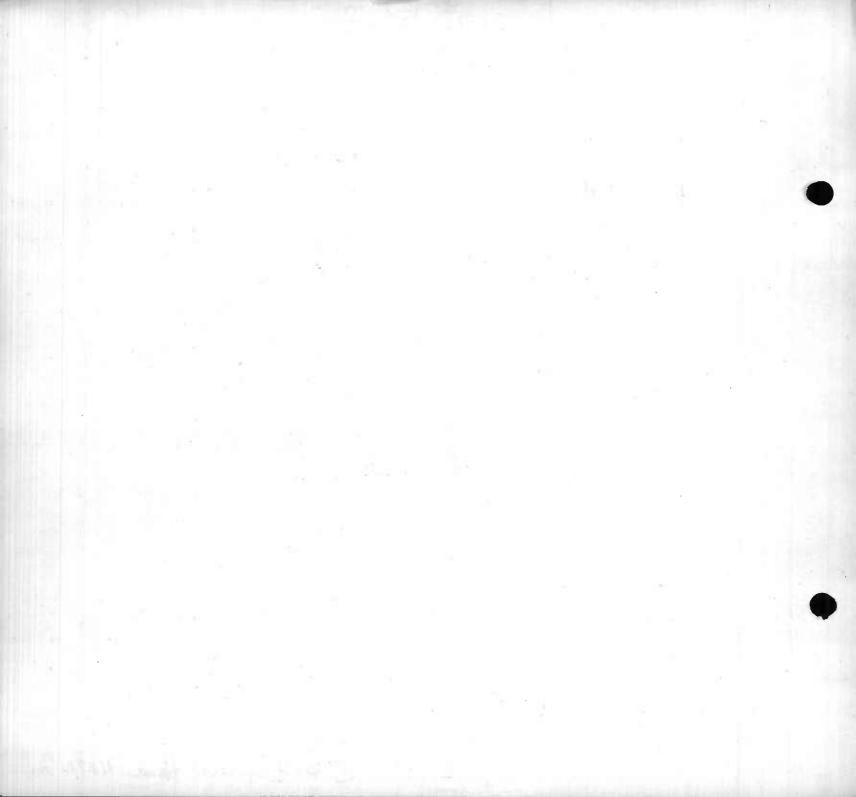


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VS 150-REV. 1/1/68

REG. NO. CERTIFICATE OF DEATH 2. DATE AND HOUR OF DEATH (Where deceased lived If institution; residence before admission) D. INSIDE CITY LIMITS' YES NO 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. lost birthday Hours 10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Battimare City, give exact lacotion) 21F. HOW DID INJURY OCCUR? ond that in (our) opinion death occurred on the date 238, DATE SIGNED Staff Phys 24D. LOCATION (State) (City, town, or county) FUNERAL DIRECTOR ADDRESS

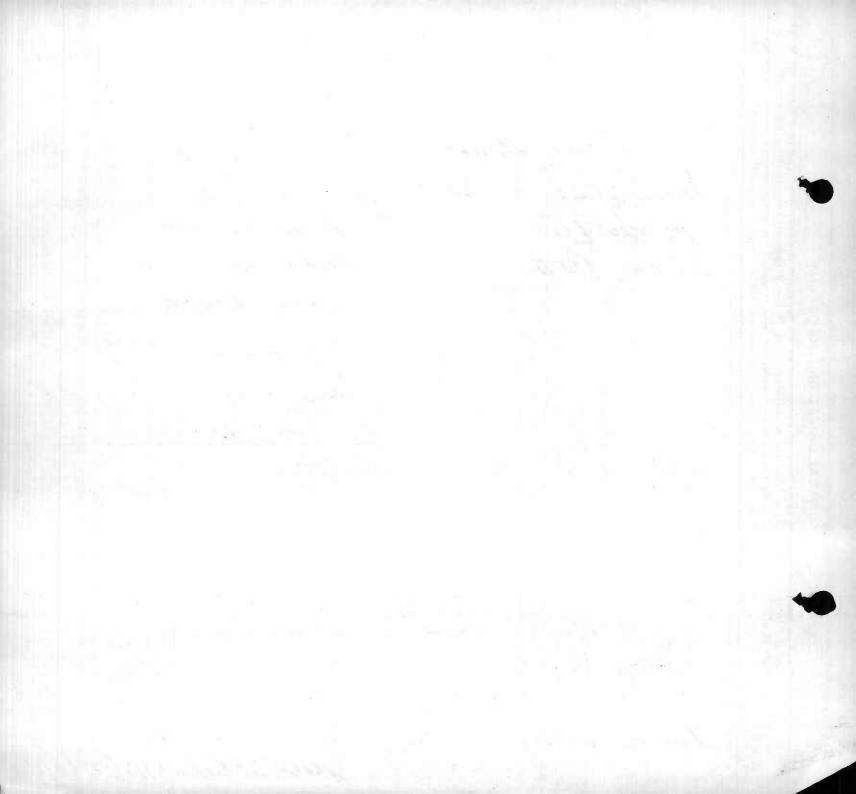
BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

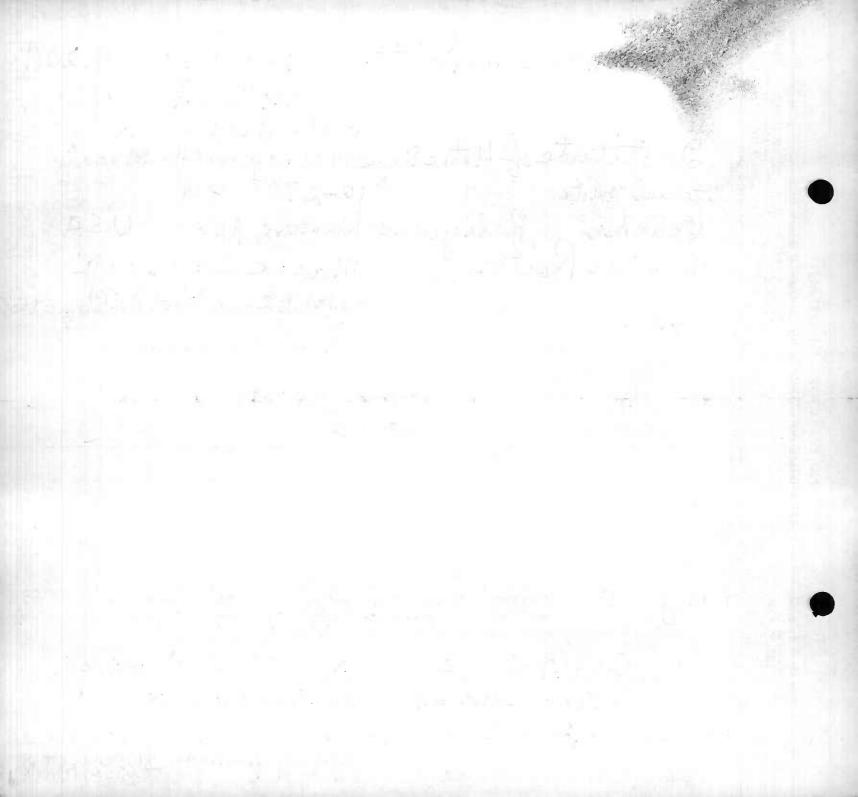
D. INSIDE CITY LIMITS? YES NO If Under 1 Yr. Months! Doys If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location) ond that in (my) (our) opinion death occurred on the date 23 B. DATE SIGNED (Stote) (City, town, or county)



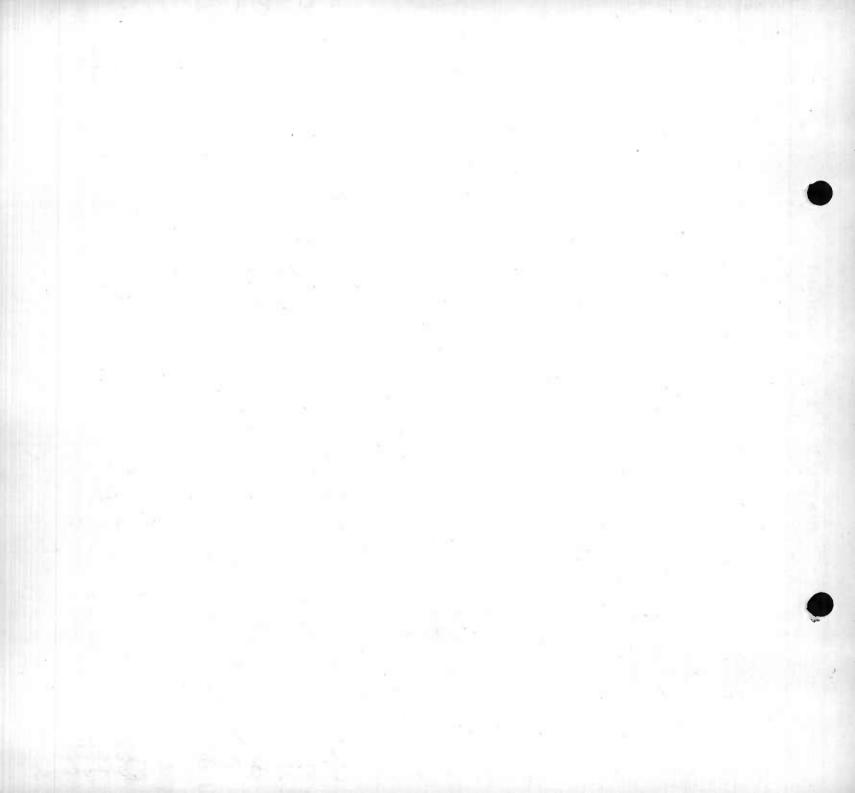
The time west agents domestic .

IMPORTANT

FUNERAL DIRECTOR:



VS 150-REV, 1/1/68



BIRTH	-530 NO. 69	-09471	69	585	BALTIMORE CITY CERTIFICA	HEALTH	DEPARTMENT	REG. NO	65	3 5858
1. NAM (Type o	NE OF DECE	ASED M	ILLARD		SMITH		2. DATE	AND HOUR OF DEATH	Н	2:18P
FULL HOSPIT	NAME OF TAL OR UTION	ониѕ Но	HOSPITAL O	OR INSTITU	JTION, GIVE STREET	c, CITY C	RYLAND PRIOWN EN BURN	(D. IN	SIDE CITY LIM	Menco before edmission
	ALE	WHITE	wi	DOWED	NEVER MARRIED NO DIVORCED	8. DATE (-69	9. AGE (In years last bisthday)	If Under 1 Months D	Ye II Under 24 Hrs.
done dur	UAL OCCUP	ATION (Give kin orking life, even if	d of work 10B.	KIND OF	BUSINESS OR INDUSTRY	11. BIRTH	PLACE (State of fo	oreign country)	12. CITIZE	N OF WHAT COUNTRY
		LES M.		1		14. MOTI	DOROTHY	AME 'ENSENOT		
(Yes,no	or unknown)	ver in U.S.An If yes, give wor	med Farces? ar dotes of t	servicel .	1 6. SOCIAL SECURITY NO.	17. INFOR	MANT		A	DDRESS
DIS rise UN	EASES OR In the DERLYING	meon the meshenia, etc. It icalian which ITECEDENT CONDITION above cause CONDITION I	means the caused death AUSES S, it any, (A) stotic	giving ng the	(a) MMEDIATE CAU DUE TO, OR AS DUE TO, OR AS (c) HYD	CONSEQ EREN A CONSEC	T PLET	ILAL EPPL NO PNEUM US	(SLONS OTHORA	NES
194	DATE OF O	PERATION 19	IN PART 1 (A) B. CONDITION AS PERFORME	N FOR W	HICH OPERATION	20 A. A	YES	10) 208, IF YES, WERE	FINDINGS CO	ONSIDERED ATH?
. OR	ACCIDENT CONTRIBUTI TH (natify m	WAS UNDERLY NG CAUSE (YING	218, I hame etc.)	PLACE OF INJURY (e.g., in , form, factory, street, aff	or obout a	C. WHERE DID	(If In Bolilmo	re City, give e	xoci location)
2 01	TIME (/ INJURY PROX.)	Month) (Doy)	(Yeor) (Hou		NJURY OCCURRED Not While Al Wark		TF. HOW DID IN	JURY OCCUR?		
and 23A.	haur and f	st saw the deram the cause	ceased all	ve an	deceased fram	ew the b	ady after death	hat In(my) (aur) api	Inlan death of	19 69 accurred on the date
24A. BUI	RIAL CREMA MOVAL (Spe	ATION, 24B, D/	ATÉ	24C. NA		AATORY	ESS OHNS 17	TOPKINS H	OSPITI	ounty) (Siote)
	JN 1 0	HEALTH DEPT		NAME OF	REGISTRAR		INERAL DIRECTO	R		alto., Md.



(N-100 G	BALTIMORE CI	TY HEALTH DEPARTMENT	00 500
BIRTH NO.	9 5859 CERTIFICA	ATE OF DEATH REG.	No. 69 5858
I. NAME OF DECEASED			
(Type or Print)	11) - 11	2. DATE AND HOUR OF	
VIVIETTE	Webb	June 8, 19	769 1045 A
3. PLACE IN BALTIMORE MARYLAND,	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased li	ved. If institutions residence before admission
FULL NAME OF UF NOT IN HOS	PITAL OF INSTITUTION CIVE STREET	,	14 00
HOSPITAL OR HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		c. city or town	11-05
1/2		Baltimore	D. INSIDE CITY LIMITS?
Maryland Gene	nal Hospital	E. STREET AND NUMBER	YES X NO
Mar yrane			4 4
		1820 Mc Cullol	1 14.
5. SEX 6. RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In ye	Months Doys Hours Min.
Female Negro	WIDOWED DIVORCED	7-28-33 lost birthdoy)	Months Doys Hours Mine
10A, USUAL OCCUPATION (Give kind of w	ork 108, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stoto or foreign country)	
come county most or working the scall it tallied	7)		12. CITIZEN OF WHAT COUNTE
None	hone	Baltimone, Marylan	nd US
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Prince Walk	er		
		Jessie Lindsa	4
(Yos, no or unknown) (If yos, give wor or d		17. INFORMANT	ADDRESS
ho line		(1) 41.00 - 100 10	
	UNKNOWN		Cullohit BALTO. K
18. / X 0	CAUSE OF DEA	TH	APPROXIMATE INTERVAL
DISEASE OR CONDITION I	DIRECTLY BROWCHO	PN EWONIA.	BETWEEN ONSET AND DEAT
LEADING TO DEAT			1 Ves-8
(This does not mean the mode	of dying, e.g., DUE TO, OR AS	A CONSEQUENCE OF:	
heart failure, asthenia, etc. It mean injury or complication which cause	is the pisense		
ANTECEDENT CAUSI	(1/10///	WO MATURIS	v
			J
DISEASES OR CONDITIONS, if	any, giving DUE TO, OR A	S A CONSEQUENCE OF:	
rise to the above cause (A UNDERLYING CONDITION last.	stating the (c) CAROL	NOMA a CERU	2 416
ONDERENING CONDITION IBSE	(c) (c)		1.0
z			
O THE DEATH BUT NOT RELATED TO	ONTRIBUTING		
A IDISEASE OF CONDITION GIVEN IN PA	ART 1 (A).	************************	
U 119A. DATE OF OPERATION 1108 CO	NOTION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES,	WERE FINDINGS CONSIDERED
		7 45 IN CERTIFYI	NG CAUSES OF DEATH?
U 121A. ACCIDENT WAS LINDERLYING	218 PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	Baltimore City, give exect location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	hame, form, foctory, street, c	office bidg. INJURY OCCUR?	Promise Pith Stan exect tocollou!
0			
OF INJURY (Month) (Doy) (Yeor		21F. HOW DID INJURY OCCUR?	
(APPROX)	While At Not Whi	lo [-]	
	ALOIK TIT WE ALOK		
22. I certify that (1) (this hospite	ol) ottended the deceased from 6	-2-69 1969 to	6-8 1969
that (I) (we) lost saw the deceas		19 49 and that In(my) (or	
•			ur) opinion death accurred on the dat
22A SIGNATION	oted above. (1) (We) (did) (did not)	view the body ofter death.	
23A. SIGNATURE	Weens MIT		23& DATE SIGNED
Donald WIS	[]	ending Med. Stoff Phys.	6-8-69
23C. PHYSICIAN'S	DEGREE	23D. ADDRESS	
23C. PHYSICIAN'S NAME (Type)		-25. WRDEE33	
I K. Owens	M D DEGREE		
4A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION	(City town or county)
REMOVAL (Specify)			(City, town, or county) IStotel
Burie 6/12	69 aubutus Men	n. PK. Balto. n	eer
SA. DATE REC'D BY HEALTH DEPT.	25 BONAME OF REGISTRAR	25C FUNERAL DIRECTOR	ADDRESS
JUN I 0 1969 Vale 18	di samen in al	Vim. cl. Chetman In	1.1701 mr. Cullat St
'S 150-REV. 1/1/68		Willia Comment	1

	H-456 BALTIMORE CITY HEALTH DEPARTMENT GO 5000
sed the	BIRTH NO. 69 5860 CERTIFICATE OF DEATH REG. NO. 69 5860
9 8 6	1. NAME OF DECEASED (Typo or Print) 2. DATE AND HOUR OF DEATH 20
pital of do Dece	HEILNER ROSZ LAUER 69 14 0
hospitalise of (5) Deco	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE Where decoased lived, II institution: residence before admission in the company of the company o
a hos cause se; (5) indanc to dec	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET MAL BELT. 14-01
se;	C. CITY OR TOWN D. INSIDE CITY LIMITS?
	Ball. YES NO
d cat	Johns HOPKINS HOSPITAL 1701 Contain Place CAF4H
tribu tribu mine	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In yours III Under 1 Vr. 15 Under 24 H.
occ and a segment of the segment of	Min. Min. Min. Min. Min. Min. Min. Min.
th collete	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNT
it d	RETIRED SECRETARY SECRETARY SECRETARY LISA
f d d o	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
NT nr if o direct 1; (4) (nr the dispos	Selig Heilner Rose RXXXXXX LAUER
A D D D	15. Was Doceased Ever in U. S. Armed Forces? (Yos, no of unknown) (If yes, give war of dotes of service) SECURITY NO.
ORTA assista if the iny kinc ed dea dance or final	NO.
0 9 = 5 % 5 5	MR. HAROLD COHEN, 3601 CLARKS LANE, APT. 21
IMPO INFO This a Also, if e of any ounced attenda ned or	BETWEEN ONSET AND DEAT
Als Als	LEADING TO DEATH (This does not mean the made of dying, e.g., (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (B) IMMEDIATE CAUSE (C) IMMEDIATE CAUSE (D) IMMEDIATE CAUSE (A) IMMEDIATE CAUSE (B) IMMEDIATE CAUSE (C) IMME
A: A	heart failure, astheria, etc. It means the disease, injury or camplication which caused death.) DUE 10, OR AS A CONSEQUENCE OF:
O FEBREE	ANTECEDENT CAUSES 11 FAL TILLOR
	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:
DR. DIRE cal ex al ex cian w cian w	nise to the above cause (A) stating the UNDERLYING CONDITION last,
BY DR AL DIR medical ledical e burns; (3 hysician n was ir	\V/************************************
BY D RAL D medical medical fundical physicic an was remair	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
DZ E . 0.0	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (A).
	19A DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION 20A AUTOPSY? (Yos or No) 20R IF YES, WERE FINDINGS CONSIDERED
FUN ne chi by a 2) Boo re the	WAS PERFORMED S & B.O. NO IN CERTIFYING CAUSES OF DEATH?
FL tal by there No ph befor	U 21A. ACCDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
NO rej. (Whe No	
AS hosp natures (6) dd (6) ained	S or make
prove the h my ne except and (Work Al Work
exception of the obten	22. I certify that (this hospital) attended the deceased from 05 190 to 06 1969
of of oil	that (1) (me) last saw the deceased alive an U(0 19 09 and that in(my) (me) opinion death occurred on the dat
ELEAS ust be a pased to dent of lospital death) must be	and hour and from the causes stated above. (1) (Web (did) (did-not) view the body after death.
must be appreleased to the cident of any to death); a to death); a must be obtained all must be obtained.	23A. SIGNATURE 23B. DATE SIGNED 23B. DATE SIGNED
E 0 U n + 5	Attending Med. Stoff Stoff O (6 9
	230. ADDRESS 230. ADDRESS
	James R. K. Condon, MD. The Johns Hopkins Hospital
L T U 0 _	REMOVAL (Specify) 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
bod bod ws:	BURE NATION 6-8-69 LOUDEN PARK BALTIMORE, MARYLAND
This cer the bod shows: was D.(decease	25A. DATE IN 1969 DEPT. 25B. NAME OF REGISTRAR SOLLEVINSON & BROS., 6010 REISTERSTOWN ROAL
	VS 150-REV. 1/1/68

Table 1 Carlot and 1 MALL INTESTIMAL CRESTROGUE STOMUT JAHUR

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JUDSAN

3.5

10 0/0 - 40 help of JULIA EKUNDAN MT

	B-45	-/	CO	5001		HEALTH DEPARTM		PEC NO	60	5004
	RTH NO.		03	5861	CERTIFICA	TE OF DEA	ATH '	REG. NO.	00	7007
	NAME OF DECE	ASED	1	01	1	2. [DATE AND H	OUR OF DEATH		
Ļ			les A.	· 6101	nberg		618169	7	= 1.	5:30 A.M
3.	PLACE IN BALT	MORE MARYLA	IND, WHERE	PRONOUN	ICED DEAD	4. USUAL RESIDEN	CE (Where de	ceosed lived. If ins	litution: res	idence before admission)
F	ULL NAME OF	OF NOT IN	HOSPITAL O	R INSTITUT	ION, GIVE STREET	MARYLAND		4 0 4		52-11
H	OSPITAL OR	ADDRESS O	R LOCATION	II	or of the state of	C. CITY OR TOWN	Da71	D. INSIE	DE CITY LIM	MTS?
ľ						BALTIMOR	E		YES 🗍	№ П
1	Sinni	Hospi	40.	I B	altimore	E. STREET AND NU				
	Jinai	riospi	1011	36	Browns	27 STONE	HENGE C	CIRCLE, AP	T. 3	
5.	SEX	RACE	7. M	ARRIED	NEVER MARRIED	8. DATE OF BIRTH				1 Yr., 11 Under 24 Hrs.
	Male	White	1	OOWED	DIVORCED	7/23/04	lost	GE (In years birthday)	Months D	Poys Hours Min.
10	A. USUAL OCCUI	ATION (Give kind	of work 108, I	KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (Stol		0 /	12. CITIZE	N OF WHAT COUNTRY
do	ne during most of we		refired)	UTUE	7110			•		
13.	PROPRIET			VEND	ING	MARY LAND			u	1.S.A.
						14. MOTHER'S MAIL	DEN NAME			
	MEYER BI					IDA	?			
15. (Ye	Was Deceased Es, no or unknown!	ver in U.S. Am Il yes, give wor	ned Forces? or dotes of s	ervicel 1	6. SOCIAL SECURITY NO.	17- INFORMANT			A	ADDRESS APT. 3
	NO				18-32-2388	MRS. BERTH	A RILIME	SEPG 27 CT	TONEHE	
_	18.	1.0		12	CAUSE OF DEATH		N DLUME	LNO, 27 3		APPROXIMATE INTERVAL
	DISEASE	OR CONDITIO	N DIRECTL	Y		•			867	TWEEN ONSET AND DEATH
		EADING TO D		••		Α	Muna	1.171		UD.
	(This does not	meon the mo	de of dying	g, e.g.,	(A) IMMEDIATE CAU	CONSEQUENCE OF:	Myocar	idial Int	96C-	Taays
	injury at campl	sthenia, etc. it i icalian which c	means the d	liseose,		TOTAL COLLEGE OF				
		TECEDENT CA			$\Lambda \Lambda$		C 1.	^		
		CONDITIONS		atuta a	(B) 17 Thero	Scierotic (Cardio	vasc. Di	5 /	Oyears
	rise to the	obove cause	(A) slotin	giving ig the	DOE 10, OK AS	A CONSEQUENCE OF	•			
	UNDERLYING	CONDITION In	st.		(c)	************	****	***************		to the
_		- 11								
0	OTHER SIGNIFIC	ANT CONDITION	S CONTRIB	UTING	Basins		VA		- 1	10
AT	DISEASE OR COL	IDITION GIVEN	IN PART 1 (A)).	13 rains	iem C	V /-)			6days
띮	19A. DATE OF O	PERATION 198	CONDITION S PERFORME	FOR WH	ICH OPERATION	20A. AUTOPSY? (Ye	s or No. 201	LIF YES, WERE FILL	NDINGS C	ONSIDERED
CERTIFICATION	0					NO		CERTIFIE CAU	ES OF DE	Ainr
	21 A. ACCIDENT OR CONTRIBUTE	WAS UNDERLY	ING [118, PL	ACE OF INJURY (e.g., in form, foctory, street, aff	or obout 21 C. WHERE	DID CUR?	(il in Bollimore	City, give e	exoct locotion)
CAL	DEATH (notify m	edicol exomined		elc.)						
0	21D. TIME (I	Monthl (Doyl	(Yeor) (Hou	1 21 E. IN	JURY OCCURRED	21F. HOW D	NULL OIC	OCCUR?		
ME	(APPROX.)			While						
	22 1	403 /.1 . 1	. 1	Wark	At Work	<u> </u>				
	22. I certify th					Sune 2		9 to Jo	SUE	8 119 69
	that (1) (we) 10				June 8,	19 <u>67</u>	and that In	(my) (aur) apini	an deoth	occurred on the date
	and hour and f	rom the couse	s stoted ab	ove. (i) (🛤 (did) (बीव गठा) vi	ew the bady after a	death.			
	23A. SIGNATURE	2	_					2	3B. DATE S	SIGNED
	/.	Samy	Dree	n, M	Aften Phys.	ding Med. Director	Staff Phys.	P	61	8/19
	23C. PHYSICIAN	S			OL OKEL	D. ADDRESS	— rilys.			0101
	NAME (Type	Barr	y C	Cee ^	MIL	C 1	lospita	1 0+ 6	30 Hin	nose, Inc
24A	BURIAL CREMA	TION, 248. DA	TE .	24C.NA14	OEGREE OF COMP				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	REMOVAL (Spe	1		72.73.461.7		MATORY	24D. LOCAT	ION (City.	town, or c	countyl (Stotel
	BURIAL	6-9-		RHXXX		MUNO	BALTIN	IORE, MARY	SAND	
45 A	DATE REC'D BY	1000		AME OF	REGISTRAR	25C. FUNERAL DI	RECTOR	2000 1011	257.77	ADDRESS TERSTOWN ROAD
	JUNTO	1303	الما ورثاد	tabés,	111, 11	SOL LEVIN	SUNL & L	SKUS., 6010	KEISI	EKSTUWN KUAL
15	150-PEV 1/1/68									

March Personal Committee of the Committe

(Stote)

Hights.

24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) Highland Burial Park Danville, Virginia Burial 6-10-69 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT 25C. FUNERAL DIRECTOR **ADDRESS** Jaber M.D. Armacost Funeral Chapel -4600 Liberty

VS 151-REV, 1/1/68

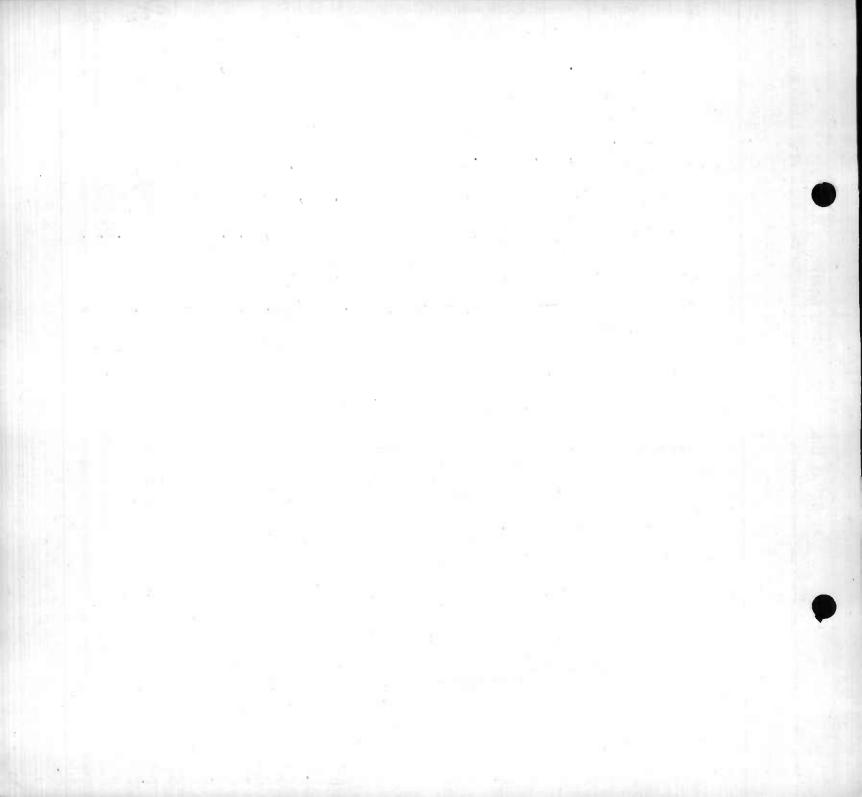
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SAB -	31-33-54		0-552 69 5863 CENTIFICA	Y HEALTH DEPARTMENT	CQ 5000
- Cr		_	(FRIIFICA	ATE OF DEATH REG. NO.	69 5863
2 5	and eath ased the Such		TH NO. AME OF DECEASED	2. DATE AND HOUR OF DEATH	
5 -	Sugar			S CONTRACT DEATH	- COD
14 6	- 0 0 c		or Print) DUNNINGTON, M. CATHERIN	E Mary JUNE 5 1969	1 5 - AM M.
るの	a e Do p	3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY	on: residence before damission)
2 5	hospi se o (5) D ance deat	FU	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland	26-34
二世	d so	HC	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET INSTITUTION, GIVE STREET INSTITUTION)	Maryland C. CITY OF TOWN D. INSIDE C	TTY LIMITS?
20	S S S S	1) Baltimore City Hospitals	Baltimore YES	NO 🗌
2	ing cau		3/ 4940 EASTERN AVENUE	E. STREET AND NUMBER	
2	P.E. D		BALTIMORE, MARYLAND 21224	1107 Evans Way 21205	
0	ar a	5. \$		B. DATE OF BIRTH 9. AGE (In years If	Under 1 Yr., If Under 24 Hrs.
	ntrik rmin egul ased s ma	-		10-26-1909 lost birthdoy 59	nths Doys Hours Min.
	oc nr rec as	r e	male White WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY		CITIZEN OF WHAT COUNTRY?
	th con on		e during most of working life, even if retired)		
	tion and		Laundry Sorter (areful Laundry	Maryland	U.S.A.
7	d d	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
0	7 9 4 3 4 2 2		Joseph Carpovich	Dora Bodey	1
M	4 di di di	15. 3	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
M 4	stan ind; eatle		(If yes, give wor or dates of service) SECURITY NO.		
~ 2	the the kir de nce		No	Records: BCH-4940 Eastern Ave	enue 21224
313 PORTA	و ج ت م		18. 11 12 14 1 CAUSE OF DEAT	TH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
9	f and nce		DISEASE OR CONDITION DIRECTLY		
_ ≥	Als		LEADING TO DEATH	USE INEW (A	wks
	1 20 .		(This does not meen the mode of dying, e.g., DUE TO, OR AS heart foilure, osthenia, etc. It means the disease,	A CONSEQUENCE OF:	
~	pr pr		injury or complication which coused death.)		
CTOR	fre		ANTECEDENT CAUSES	MIC RENDE DISEASE S A CONSEQUENCE OF:	9123
Ü	Z A A a a		DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	S A CONSEQUENCE OF:	_
E E	9 X (6)		rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.	CUD .	YRS
2	D S S L		\\/		
	dico ico ico ico ico ico ico ico ico ico	z	THE STATE OF THE S		mas-
4		ATION		of ADENOCIANOMA- PLEE	74 98C)
UNER	# E > 0.0 0	CA	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 19B- CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIND	INGS CONSIDERED
7	hie he	RTIFIC	2,5669 WAS PERFORMED THEITSM	YES IN CERTIFYING CAUSES	OF DEATH?
	by control	CE			YES y, give exact location)
	th cope	4	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, street, of efc.)	office bldg., INJURY OCCUR?	
	why why	jo		O	
	- N 3 3 6	MEDI	21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	ho ho nat	-	(A PPROX.) While At Not Whi		1 1
	bt XX		22. I certify that (i) (this hospital) attended the deceased from	4/23/69 19 to 6	5/69 19
	appropriate to the transfer of arresponding (e.g., c);		that (I) (we) lost saw the deceased alive on	(09_19 and that in (my) (our) opinion	death occurred on the date
	5 P P P P P P P P P P P P P P P P P P P		ond haur ond fram the couses stated above. (I) (We) (did) (did nat)		
	st be a ased to lent of ospital death) nust be		23A. SIGNATURE		, DATE SIGNED
	lust be cleased tident of hospital codeath)				11
	a ho		DEGREE Phy	ys. Director L. Phys. L.	015169
	4 L H L >		23C. PHYSICIAN'S NAME-Type	23D. ADDRESS 4940 Eastern Avenue, F	Baltimore.Md.
	was was A. at prior		16, HYDEN DEGREE	BALTO CITY HOSP	21224
	H	24A	BURIAL CREMATION, 248. DATE 24C, NAME of CEMETERY of CR		wn, or county) (State)
	s: ()		Burial 6/9/'69 Western Cemet	ery Baltimore, Mari	yland
	s by	254	DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	This certifie body shows: (1) was D.O., deceased written a		WW 1 0 1000 00 1 9 5 9 0 0	7 8 18 15 MA a sacra	
	F 4 4 2 0 3	Ve	150-REV. 1/1/6B	Jonn Hollan, Inc. 3000	E. Baltimore St
		A O	130-KE 43 17 17 0B		



FUNERAL DIRECTOR: IMPORTANT

	2 0	2 3				Y HEALTH DEPARTMENT		69 5864
/	5-23	30	69	5864	CERTIFICA	TE OF DEATH	REG. NO	00 0004
	H NO.				CERTITION			
	ME OF DEC		0				ND HOUR OF DEATH	
7.6		harles M.	Bas	sett		Jur	re 7, 1969	
	L NAME OF	TIMORE, MARYLA				A. STATE B. COUR	ere deceased lived. If i NTY	institution: residence before admissi
HOS	PITAL OR	ADDRESS O	R LOCAT	10N)	TION, GEVE STREET	C. CITY OR TOWN	D. INS	SIDE CITY CHMITS?
0		8 N. Kenu				Baltimo re E. STREET AND NUMBER		YES NO
		altimore,					wood Avenu	
. SE	44 4	6. RACE		· MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
	Male				BUSINESS OR INDUSTR	Mar. 19, 1909	60	12. CITIZEN OF WHAT COUNT
		working life, even if		UB. KIND OI	DO3114E33 OK 111DO31K	TI, DIKITIZACE (Sidie of lot	eigh coonly,	
	Painte.	n		5018.	Employed	Plattsburg,	N.Y.	U.S.A.
	ATHER'S NA			Jeag	Unique	14. MOTHER'S MAIDEN NA	ME	
	2 0					0		
		assett		3	14.000111	77		ADDRESS
S. W Yes,	no of unknown	Ever in U. S. And (III yes, give war	med Force or dates	of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No		-		212-22-3003	Mrs. Doris V.	Bassett-42	8 N. Kenwood Ave
1	18.	101			CAUSE OF DEA			APPROXIMATE INTERVA
	DICEA	SE OF COMPUTE	ON DIRE	CTLY			1	BETWEEN ONSET AND DE
	DISEA	SE OR CONDITI		CILY		1/2024	L:/	11.150 8
	LEADING TO DEATH This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: DUE TO, OR AS A CONSEQUENCE OF:							
	(This does not mean the mode of dying, e.g., DUETO, OR AS A CONSEQUENCE OF:							
		mplication which			0	- /,		
		ANTECEDENT C	AllSES		11/2	Remonea sto	Kind	- & Month
					(B)	S A CONSEQUENCE OF:		1110010
		OR CONDITION						
		e obove cous G CONDITION I		slating the	(c)	ne tastases		
-	ONDERETH				(C/			
_		- 11						
		FICANT CONDITIO TH BUT NOT RELAT						
V	DISEASE OR C	CONDITION GIVEN	IN PART	1 (A).				
RTIFIC	19A. DATE O	F OPERATION 19	AS PERFO	ITION FOR W	HICH OPERATION	20 A. AUTOPSY? (Yes or N	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
Z		"	7.5 . 5.11. 6	N.V.LD				
5	21 A. ACCIDE	NT WAS UNDER	LYING	21 B.	PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID	(If in Baltima	are City, give exoct location)
		UTING CAUSE medical examine		etc.)	, form, lactory, street,	office bidg., INJURY OCCUR?		
의								
	21 D. TIME OF INJURY	(Month) (Day)	(Year)		INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
> 1	(APPROX.)			Whil	e At O Not Wh	le 🗍		
-						7	he 1	1-1
1	22. I certify	that (1) (this h	ospital)	attended th	e deceased from 7	eo.	19 09 to 6,	19
- 1	that (II (we) last saw the d	eceased	alive on	6/7/69	19 and t	hot in (my) (our) or	inion death occurred on the
			es stote	d obove. (I)	(We) (did) (did not)	view the body after deoth.	<u> </u>	
1	23A. SIGN AT							23B. DATE SIGNED
		1.112	211	Ack,		rending Med. Director	Staff Phys.	6/9/64
-	DOC BUYEROL		-33	C MILE	THE PHEGREE PH	23D. ADDRESS	riiys. —	1///
	PHYSICIA NAME (o. WUNC	JLS, IVI. UI	230. ADDRESS		//
				888 W. LO	MBARD STA			
24A.	BURIAL CRE	MATION, 248. D	ATE D	A TENACHOA	1DEGRE		LOCATION (City, town, ar county) (State
	REMOVAL		, ,	ALIMORI	, IIID. 21201			
	Bur	ial 6/	10/10	59 Oak	Lawn (ement	eru Ba	Stimone M	anuland
25A.	DATE REC'E	BY HEALTH DEP	PT. 2	SB. NAME O		9256. FUNERAL DIRECTO	R	ADDRESS
	IIIN I C	1960 P.	2.00	20	800	1 2 9 7 2	1 - 2000	oc o . St.
	0 1 2 1 1 W of U	LJUJ UKOK	DEND C	, Valley	7.3.	Juhn 10 110 rai	4 Jnc. JUUL	1. C. Baltimano
	50-REV. 1/1/					77171446		



24C. NAME of CEMETERY or CREMATORY

Moreland Memorial Park

24D, LOCATION

25C. FUNERAL DIRECTOR

Ronald N. Kornblum, M.D.

25B. NAME OF REGISTRAR

24B. DATE

Robert E.

6/9/69

NAME (Type)

25A. DATE REC'D BY HEALTH DEPT.

24A. BURIAL CREMATION.

Burial

REMOVAL (Specify)

VS 151-REV. 1/1/68

6/7/69

Baltimore, Maryland

(State)

(City, town, or county)

Duda, 7922 Wise Ave. Dundalk, Md.

ADDRESS

hetter from M. C. in office 6-16-69MH.

	occurred in a hospital and	ontributing cause of death	ermined cause; (5) Deceased	regular attendance on the	sased prior to death. Such	is made.
FUNERAL DIRECTOR: IMPORTANT	approved by the chief medical examiner or his assistant if death occurred in a hospital and	ical examiner. Also, if the direct or c	rns; (3) A fracture of any kind; (4) Undet	sician who pronounced death was in	was in regular attendance on the deci	nains are embalmed or final disposition
FUNEKAL	This certificate must be approved by the chief med	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.

B-6.	26 69	586		HEALTH DEPARTMENT	/	00 5000
BIRTH NO.		300	CERTIFICA	TE OF DEATH	REG. NO	03 3000
I. NAME OF DEC	EASED				ND HOUR OF DEATH	
(Type or Print)	Raymond A.	Breakh	ant	6-8-		1 - 2004
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Whe	ore deceased lived. It is	1 : UUA /
				A. STATE B. COUR	NTY	isinonom residence belore odmission
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	Maryland p	alto. Co.	53-00
NOITUTITEN				C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
WIT	St. Agnes 1	Hospita	1	Baltimore		YES 🔼 NO 🗌
10	Caton & Wi	lkens .	Avenue	E. STREET AND NUMBER		
	Baltimore.	Maryl	and 21229	6002 Edmonds	on Avenue	21228
5. \$EX	6. RACE	7. MARRIED	A NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr. If Under 24 Hrs
Male	White	WIDOWED	= =	2-22-09	lost birthdoy) 60	Months Doys Hours Min.
OA, USUAL OCCI	UPATION (Give kind of work	108, KIND O		11. BIRTHPLACE (State or foro	ian country)	12. CITIZEN OF WHAT COUNTR
done during most of	working life, even if refired)				_	12. CHIZZR OF WHA! COOKIE
Plaste		Housi	ng Authority	Baltimore, Mar	•	U.S.A.
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN NA	ME	
John I	Brookhart			Mary Emrine		
5. Was Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT	•	ADDRESS
Yes, no of unknown NO	(If yes, give wor or doto	s of sorvice)	SECURITY NO.			
			218-09-8600	Mrs. J. Dorothy	Brookhart (6002 Edmondson Ave
18.	19		CAUSE OF DEATH	H		APPROXIMATE INTERVAL
DISEAS	E OR CONDITION DIR	ECTLY			1	BETWEEN ONSET AND DEAT
	LEADING TO DEATH		(A)IMMEDIATE CAU	or An I. My	wdiel helow	1= -11.
This does n	of mean the mode of	dying, e.g.,	/ /	A CONSEQUENCE OF:	or ory en	72
injury or com	asthenia, etc. It means plication which caused	the disease,				
1	ANTECEDENT CAUSES		2	10- 10-	200	4.00
			(B)		COD	17/20
DISEASES O	R CONDITIONS, if a above couse IA)	ny, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING	CONDITION lost	siding ine	(c)			ļ
			\V/			
OTHER SIGNIF	II ICANT CONDITIONS CON	ATRIBITING				
TO THE DEAT	H BUT NOT RELATED TO TH	IE TERMINAL	******			
19A. DATE OF	OPERATION 198 CON	DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No	308 IE Vee 14000	INDINGS CONSIDERS
Ė	WAS PERF	ORMED	THE VIEWHOR	-AU-WOIDLELLINE OL MO	IN CERTIFYING CAL	INDINGS CONSIDERED
OTHER SIGNIF TO THE DEAT DISEASE OR CO 19A. DATE OF	IT WAS UNDERLYING	218	PLACE OF INTERVAL			
OP CONTRIBUTE	TING CAUSE OF	hom	e, form, loctory, street, off	or obout 21 C. WHERE DID	(II In Boltimore	City, give exact location)
DEATH (notify	medical examiner	etc.				
21D.TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY			le At Not White			
		Wor			2 43	
22. I certify	that (1) (th is hospita l)	attended ti	ne deceased from	March 7	19 6 to	1969
that (I) (we)	last saw the deceased	d alive an	Whavey &			nian death occurred on the dat
			MI A	ew the body after death.	; (, / doi/ apri	200111 Occurred on the dat
23A. SIGNATU	RE COUSES STOTE	er opave, (I	/ (may tara) (did not) vi	ew the body ofter death.		
7/	21/1/	MARK	Au	dia -		23B, DATE SIGNED
X	fleton y	1/1/10	DE GREE Phys.	Med. Director	Staff Phys.	Van 8 1919
23C. PHYSICIAI	N'S			3D. ADDRESS		11/10/
	J. Nelson	McKay		601/ Edmondo	on Arranii /	
AA. BURIAL CREA	MATION, 248. DATE	-	ME of CEMETERY OF CRE	6014 Edmonds		
REMOVAL (S	pecify)				CATION (City	y, town, or county) (Stote)
Burial	6-11-19	969 Lou	ıdon Park Ceme	tery B	altimore, Ma	ryland
SA. DATE REC'D		258 NAME O	F REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
HIM TO 1	369 P.R. A.E	7.0	6.900			1050 York Rd. 2120
(\$ 150-PEV 1/1/6	303 C	Markey	T. U.	J. J. J. J. G.		101K Ku. 2120



hospital and

occurred

IMPORTANT

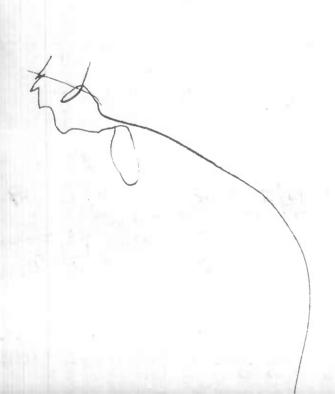
DIRECTOR:

FUNERAL

the chief medical

VS 150-REV, 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



VS 150-REV. 1/1/68

A.C. CO FOCO

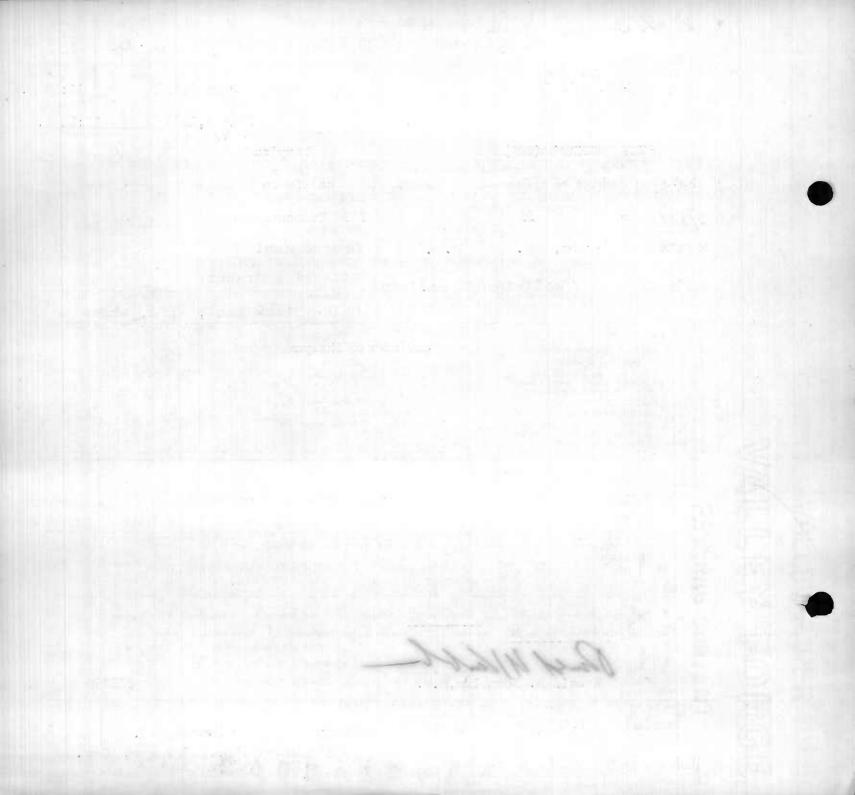
G-200 00 3860 BALTIMORE CITY H	EALTH DEPARTMENT
	CERTIFICATE OF DEATH REG. NO. 69 5869
BIRTH NO.	KEG, NO.
1. NAME OF DECEASED	2. DATE Known X Month Doy Year Hour
(Type or Print) LEEOLA GROOCH Gooch	OF DEATH Estimoted □ 6 3 69 5:40 p M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
	PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION)	June 3, 1969 5:40 p M.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
Tuthowin Boardtal	A. STATE B. COUNTY
Lutheran Hospital	Maryland C. CITY OR TOWN D. INSIDE CITY LIMITS?
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	D. INSIDE CITY CIMITS!
Female Colored WIDOWED DIVORCED	Balto. YES NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs	E. STREET AND NUMBER
Aug. 11.1920 lost birthday) Months, Doys, Hours, Min	
	2216 Riggs Ave.
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
Pickens County, S.C. USA	Wash Bowens
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUST	RY 15. MOTHER'S MAIDEN NAME
done during most of working life, even if retired)	Warren D. 48
Domestic Private	Mary Butler
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no grunknown)(If yes, give wor or dotes of service) \$ECURITY NO.	18. INFORMANT ADDRESS
No 1 249 20 07	72 Willie Gouch 2216 Riggs Ave
19. CAUSE OF DE	ATH APPROXIMATE INTERVAL
4-1-2 4	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (A)IMMEDIATE	CAUSE Arteriosclerotic cardiovascular disease
(This does not meon the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease,	AS A CONSEQUENCE OF:
injury or complication which coused death.)	4/
ANITECEDENIE CALICEC	Y STATE OF THE STA
ANTECEDENT CAUSES (B)	2 AS A CONSEQUENCE OF:
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	R AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	R AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	R AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	R AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	R AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	VAS PERFORMED 21. AUTOPSY? (Yes or No)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	VAS PERFORMED 21. AUTOPSY? (Yes or No) YES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION VIOLENCE OF INJURY (e. g. UNDERLYING TOR CONTRIB.	VAS PERFORMED 21. AUTOPSY? (Yes or No)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	VAS PERFORMED 21. AUTOPSY? (Yes or No) YES ., in or obout 122C. WHERE DID (If in Boltimore City, give exact location) ice bldg., etc.)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION VIOLENCE OF UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION VIOLENCE OF UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION VIOLENCE OF UNDERLYING CAUSE WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY)	VAS PERFORMED 21. AUTOPSY? (Yes or No) YES ., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) ice bldg., etc.) INJURY OCCUR?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION VIOLENCE OF INJURY (e.g. home, form, foctory, street, off UNDERLYING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E, INJURY OCCURRED OF INJURY (ABOVE)	VAS PERFORMED 21. AUTOPSY? (Yes or No) YES , in or obout location) ice bidg., etc. INJURY OCCUR?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION VIOLENCE OF INJURY (e.g. home, form, foctory, street, off UNDERLYING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E, INJURY OCCURRED OF INJURY (ADDRESS)	VAS PERFORMED 21. AUTOPSY? (Yes or No) YES ., in or obout 22C. WHERE DID (If in Boltimore City, give exact location) ice bldg., etc.) INJURY OCCUR?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION VIOLENCE OF INJURY (e.g. UNDERLYING OR CONTRIBUTION FOR WHICH OPERATION VIOLENCE OF INJURY (APPROX.) OF INJURY (APPROX.) 23.	VAS PERFORMED 21. AUTOPSY? (Yes or No) YES , in or obout 22C. WHERE DID (If in Boltimore City, give exoct locotion) ice bldg., etc.) INJURY OCCUR? 22F. HOW DID INJURY OCCUR?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION VIOLENTLY ING CONTRIBUTION FOR WHICH OPERATION VIOLENTLY ING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) MHILE AT NO WORK AT AT 23.	VAS PERFORMED 21. AUTOPSY? (Yes or No) YES , in or obout location in in a contract of the c
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION VIOLENTLY ING CONTRIBUTION FOR WHICH OPERATION VIOLENTLY ING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) MHILE AT NO WORK AT AT 23.	VAS PERFORMED 21. AUTOPSY? (Yes or No) YES , in or obout 22C. WHERE DID (If in Boltimore City, give exoct locotion) ice bldg., etc.) INJURY OCCUR? 22F. HOW DID INJURY OCCUR?
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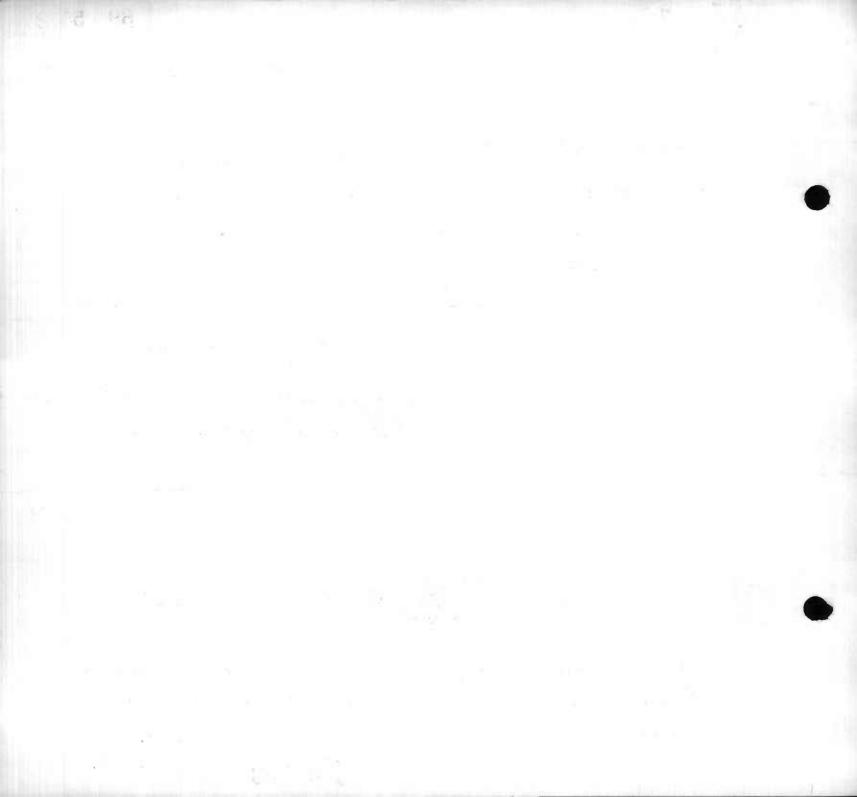
1/ 1/8/1	BALTIMORE CITY	HEALTH DEPARTMENT		69 5870
K-400 69 58	370 CERTIFICA	TE OF DEATH	REG. NO	00 0070
1. NAME OF DECEASED (Type or Print) MARGON CARACTERS (Type or Print)	+ Mary Kell	2. DATE AN	D HOUR OF DEATH	191 610 AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	A. STATE B. COUN	e deceosed lived. If inst	nuyon: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Md 21234	D. INSID	E CIPY LIMITS?
48 Marshard 6	eneral.	E. STREET AND NUMBER		YES NO
real graves	Hospital	3122 W	oodring	Ave
14/	RRIED NEVER MARRIED		ost birthday	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KH	OWED DIVORCED DIVORCED	3-7-70	on country	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)	alto Gas+ Eleci	Baltimore	gu coonny/	U.S.
Charles Gill		Margaret H.	AE 	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of ser				oand, above
lan -	212 63 481		art	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEAT			BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAU	SE Careinan	sites!'s	
(This does not meen the made of dying, heart failure, asthenia, etc. It means the dis injury or complication which coused death.)	e.g., DUE TO, OR AS	A CONSEQUENCE OF:		`
ANTECEDENT CAUSES	40)			
DISEASES OR CONDITIONS, if any,	9. 1119	A CONSEQUENCE OF:		
rise to the above cause (A) stating UNDERLYING CONDITION last.	the (C)			
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).				
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		20 A. AUTOPSY? (Yes or No.	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
21D. TIME (Month) (Doy) (Yeor) (Hour	21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Work Not While At Work	•		
22. I certify that (I) (Mis haspital) atten	ded the deceased fram	3 -5	%9 ta	6-7 19 69
that (1) we last saw the deceased alive	and the second s	(an death accurred on the date
and haur and fram the causes stated abo	ive. (1) (me) (qua) (did nat) v	iew the bady after death.		23B. DATE SIGNED
0 2	Alanky Atte	nding Med.	Staff Physics	6-7-10
23C. PHYSICIANS	DEGREE	23D. ADDRESS	Phys.	0 7 6 7
24A. BURIAL CREMATION, 24B. DATE	DEGREE OF CEMETERY OF CRI	MATORY 24D. LO	OCATION (City,	, town, or county) (Stote)
Burial 6/10/69	Gardens of F		altimore, N	
	AME OF REGISTRAR	Schinunck	uneral Hor	ADDRESS
VS 150-REV, 1/1/6B		U 3391 Bre	ms Lane	



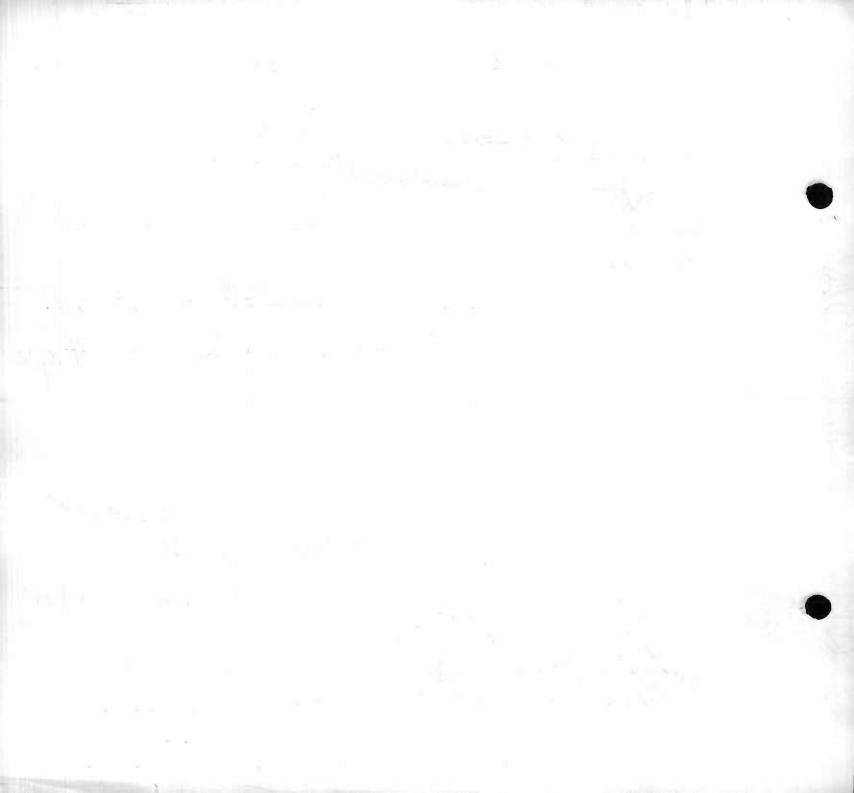
NAME OF DECEASED Jackson		2. DATE Known	Month Doy	Yeor Hour
(Type or Print) HOWARD /KAHL		OF CARACTER TO		
4. PLACE IN BALTIMORE, MARYLAND, WHERE P	PRONOUNCED DEAD	3. DATE	June 6,1969	11:38 A
FULL NAME OF (IF NOT IN HOSPITAL OR IN		PRONOUNCED DEAD		11.20 4
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION		5. USUAL RESIDENCE (Where	June 6, 1969 deceosed lived. If institution	11:38 A. A. residence before odmission)
CITY HOSPITAL (DOA)		A. STATE Maryland		26-34
	RIED NEVER MARRIED	C. CITY OR TOWN	D. INSIDE CI	TY LIMITS?
	WED DIVORCED If Under 1 Yr. If Under 24 Hrs.	Baltimore	YE	S NO
O. DATE OF BIRTH 10. AGE (In years lost birthdoy) 55	Months Doys Hours Min.			
		5030 Erdman Ave	enue	
1. BIRTHPLACE(Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME		
REAR Baltimore, Md.	0.5.	George Kahl	a.P.	
4A.USUAL OCCUPATION (Give kind of work 148. KIN lone during most of working life, even if retired)	D OF BUSINESS OK INDUSTRY	Katherine Gi		
Guard Walter 6. WAS DECEASED EVER IN U.S. ARMED FORCE				DDRESS
Yes, no or unknown) (If yes, give wor or dotes of service)		18. INFORMANT		DDRESS
no l	CAUCE OF DEA	Helen Clark	Kalli, Wile	APPROXIMATE INTERVAL
149 XI	CAUSE OF DEA			BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY	Carcino	ma of Pharynx		
LEADING TO DEATH (This does not meen the mode of dying, e.g.,	(A)IMMEDIATE O			reductric distriction de de commission de southern de southern de residencie de southern southern de southern de southern de
heort foilure, osthenio, etc. It means the disease, injury or complication which coused death.)		AS A CONSEQUENCE OF:		
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3. PL	ACE IN BAL	TIMORE, MARYLAND, W	HERE PRO	NOUNCE	D DEAD	4. USU A. STA	AL RESIDENCE (WH	nere deceased lived	l If instituti	on; residenc	e before o	dmis sion)
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INST	ITUTION"	ADDRESS OR LOCA	A IION/				or town ltimore	D	. INSIDE C			
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	njury or com	asthenia, etc. It means plication which caused	deoth.)	se,						1 2	_	
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		R CONDITIONS, II			DUE TO, OF							
		above couse (A) CONDITION last.	siding	ine	(c) R	HEUM	ATICHE	ART DI	SEAS	19	*****	
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RTIFIC	2	WAS PERI					YES	IN CERTIFYING	CAUSES	OF DEATH	7	NO
_, 0	R CONTRIBU	T WAS UNDERLYING TING CAUSE OF		21 B. PLAC hame, for elc.)	E OF INJURY (e.	g, in at about affice bldg.	21C. WHERE DID	(If In Bo	itimore City	, give exoct	locotion)	
m lo	D. TIME	(Month) (Doy) (Year)	(Houd		RY OCCURRED		21F. HOW DID IN	JURY OCCUR?				
→ I	APPROXI			While Al Work	□ Nol \	While C			E 14			
2:	2. I certify	that (1) (this hospital) attende	d the de	ceased from	4/4/	9	_19to	6/6/0	69	19)
ti	hot (I) (we)	lost sow the decease	d olive o	n	4/4/67	1	ond t	hot in (my) (our) opinion	deoth occ		
0	nd hour one	from the couses stot	ed obove	. (I) (We) (did) (did no	t) view the	body after deoth.	•				
2;	3A. SIGNATU	1 0			_				23 B.	DATE SIGN	1ED	
	Jero	me I. Plu	am	W.t	DEGREE	Attending Phys.	Med. Director	Staff Phys.	10	16/6	-9	
2:	NAME (T		N		H.D .	23 D. ADI	HN S HOF	>KNS 6	for1"	746		
24A.	BURIAL CRE	MATION, 248, DATE			CEMETERY ef	CREMATOR	24D.	LOCATION	(City, tov	vn, or count	ly)	(Stote)
	Buria.		69	Garde	ens of	Faith	В	altimore	, Md.	•		
25A,	DATE SEC.D	BY HEALTH DEPT.	32 NAM	E OF REC	410 400	25C	FUNERAL DIRECTO himunek 3831 Br	Cuneral chms Lar	Home,	Inc	DRESS	
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7-252 69 51 BIRTH NO.	874 CERTIFICA	TE OF DEATH	REG. NO	69 5874
Type or Print)	RESNICK	2. DATE AN	6 6 69	1045A~
3. PLACE IN BALTIMORE, MARYLAND, WHERE P		4. USUAL RESIDENCE (Where A, STATE B, COUN	e eccepted lived. If inst	1 1/- / Y
HOSPITAL OR ADDRESS OR LOCATION)	MATHEMON, GIVE STREET	C. CITY OR TOWN		E CITY LIMITS? YES Y NO
HOUSE IN THE PINES-BELVED	ERE	E. STREET AND NUMBER		123 💆 110 🗀
/ 0			ODERE_AVENUE	
11	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	ost birthdoy)	If Under 1 Yr. II Under 24 Hrs Months Doys Hours Min.
DA, USUAL OCCUPATION (Give kind of work 10B, KI) one during most of working life, even if retired)		11. BIRTHPLACE (State or foreign		12. CITIZEN OF WHAT COUNTR
				459
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	1E	
S. Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give war or dates of se	1 6. SOCIAL	17. INFORMANT		ADDRESS
yes, give not or doles or se	SECURITY NO.	Hosp cla	A	
18.4/2.21	CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY		Cardonikacula	· deal did	I willy
(This does not meen the made of dying,	e.g., DUE TO, OR AS	A CONSEQUENCE OF:	1 account	7 0 1
heart failure, asfhenia, etc. It means the di injury or complication which caused death.	sease,			15 undala
ANTECEDENT CAUSES	40	HASEND		1) 440
DISEASES OR CONDITIONS, if ony,	giving (B)	A CONSEQUENCE OF:	••••••	
rise to the above cause (A) stating UNDERLYING CONDITION loss.	g lhe (C)			
	/ 5/			••••••
2				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).		120 A ALERO TOTAL	200 18 48	UDIN OF CONSTRUCTOR
19A. DATE OF OPERATION WAS PERFORMED	D OF WHICH OPERATION	20A. AUTOPSY? (Yes or No.	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID INJURY OCCUR?	(If In Boltimore	City, give exact location)
21D.TIME (Month) (Doy) (Year) (House		21 F. HOW DID INJU	JRY OCCUR?	
(APPROX.)	While At Not While Work At Work			1.116
22. I certify that (1) (this hospital) atter	nded the deceased from	4/29/69	9 to 6/	6/67 19
that (I) (we) lost sow the deceased ofiv	e on 5/29/69	19and the	ot in(my) (our) apini	an death occurred on the do
and hour and from the couses stated	ove. (1) (We) (did) (did not)	view the body ofter death.		
23A. SIGNATURE				23B. DATE SIGNED
Joseph One	M M O GEGREE Phy	6	Phys.	6/6/69
23C. PHYSICIAN'S NAME (Type) (hear M)	0,	6715 PARIL	HEIGHAS	AUE BAIDITH
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	DEGREE	EMATORY 24D. LC	CATION (City	, town, or county) (State)
Burial 6/8/69	Dream	year 1	alto-	M
5A, DATE REC'D BY HEALTH DEPT. 2SB. N	AME OF REGISTRAR	2sc. FUNERAL DIRECTOR	ein & Song 1 w	c 9610 Renderalo
S 150-REV. 1/1/6B	7 "			

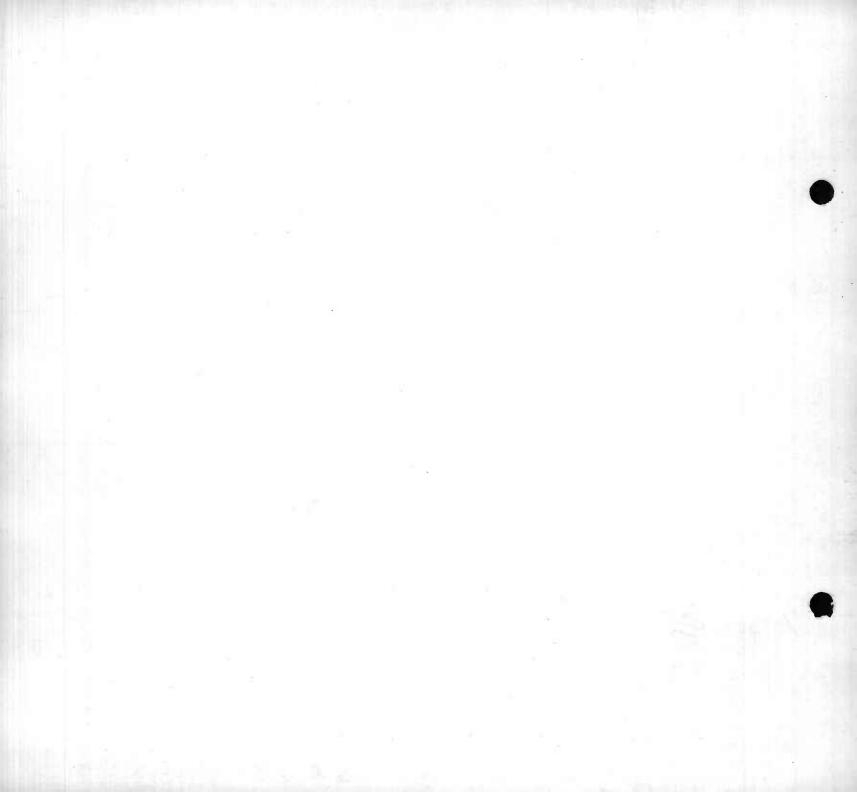
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n ind	BALTIMORE CITY	HEALTH DEPARTMENT	60 5000
C-620 69	5875 CERTIFICA	TE OF DEATH REG. NO	03 3875
BIRTH NO.		2. DATE AND HOUR OF DEAT	u
Type or Print)		2. DATE AND HOOK OF DEAT	110
Sarah C	arg	4. USUAL RESIDENCE (Where deceased lived, If	169 9 1
3. PLACE IN BALTIMORE, MARYLAND, WHE	RE PRONOUNCED DEAD	A. STATE BOUNTY	Institution: residence before damissi
FULL NAME OF (IF NOT IN HOSPITAL	OR INSTITUTION, GIVE STREET	mad	15-12
HOSPITAL OR ADDRESS OR LOCATION	INC	C. CITY OR TOWN D. IN	ISIDE CITY LIMITS?
1.0		Ballo	YES W NO
20. 1	4-1	E. STREET AND NUMBER	
Sine Hospe	lat	13714 Come = 1704	- 12 A
6. SEX 6. RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 I
F 14/		B. DATE OF BIRTH	Months Doys Hours Min
	VIDOWED DIVORCED	1.00 x 7/11/ 2 8	
IDA. USUAL OCCUPATION (Give kind of work 10. done during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stot) or foreign country)	12. CITIZEN OF WHAT COUN
	distribution of the same of	R (Las secon)	1150
3. FATHER'S'NAME		14. MOTHER'S MAIDEN NAME	
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Louis		Desse	
5. Wo Deceased Ever in U. S. Armed Forces Yes, no or unknown) (If yes, give wor or dates o	f service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
and the second second	SECORITI NO.	11. O- X	Samo.
1111	CAUSE OF DEATI	Muscans.	APPROXIMATE INTERV
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heart failure, asthenia, etc. It means the		A CONSEQUENCE OF:	
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OTHER SIGNIFICANT CONDITIONS CONTI		The reast relat	14km
◀ IDISEASE OR CONDITION GIVEN IN PART 1.	(A).		1
19A. DATE OF OPERATION 19B. CONDIT	TON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 206. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
ш		31	
OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i		nore City, give exact location)
DEATH (notify medical examiner)	etc.)	not stage, into ki o c co k:	
O 21D.TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
S OF INJURY	While At Not While		
(APPROX.)	Work At Work		7
22. I certify that (I) (this hospital) a	ttended the dedeased from	Che 1969 to 8	1960
that (I) (we) last saw the deceased		a 1965 and that in (my) for a	pinion death accurred an the
and haur and fram the causes stated	abave. (1) (We) (did) (did nat) v	iew the bady after death.	
23A. STGNATURE	4-A- " ~		23 B. DATE SIGNED
12.11. (0/1h	elela MO Atto	Med. Staff Phys.	6/1/10
23CAHISICIAN'S	DEGREE	23D. ADDRESS	16/01
23C PHYSICIANS NAME (Type) 105 CM	1ATCHAR	6821 KE, T.	101 6.1.
/	DEGREE	metannil 1000	nd fallen
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION	(City, town, or county) (Stof
REMOVAL (Specify)			
	E 0 1	12.07	· M
SA DATE BECID BY HEAT THE DEBT	Farband	Balto-	2238000
25A. DATE REC'D BY HEALTH DEPT. 25	Farband B. NAME OF REGISTRAR	25C FUNERAL DIRECTOR	ADDRESS
25A. DATE REC'D BY HEALTH DEPT. 25		25G FUNERAL DIRECTOR Syllan S. Lovis & Somme	ADDRESS . 9610 Reisterstown

Judge prelition C. W. Think replet Theft O. Restain 110 1800 Restarting

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



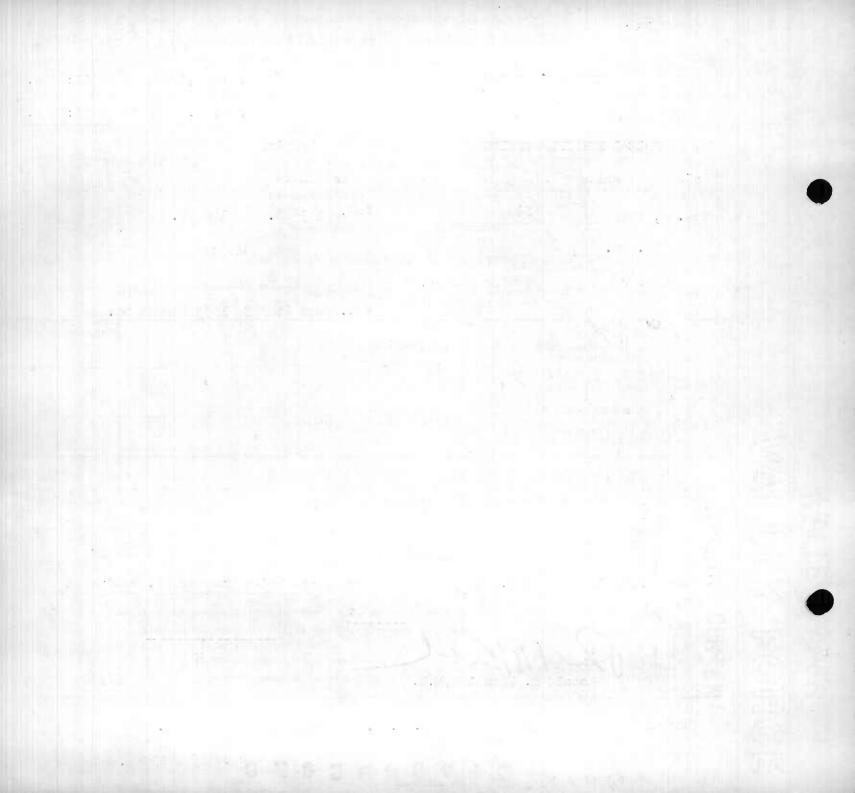
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7007	BIRTH NO.
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56 56 37 40 40	FULL NAME OF
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U SO TO T	
pproved by the chief medical examiner or his assistant if death occurred in the hospital by a medical examiner. Also, if the direct or contributing any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined caus (except where the physician who pronounced death was in regular attendance on the deceased prior obtained before the remains are embalmed or final disposition is made.	US Public He
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if death ect or c (4) Undet was in the dec	13. FATHER'S NAME
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Z EPÓTOP	15. Was Deceased Ever (Yes, no or unknown) (If y
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or his assistant if death occurred Also, if the direct or contribute of any kind; (4) Undetermine mounced death was in regular attendance on the deceased med or final disposition is mad	18.
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RECTOR: I examiner of examiner. 3) A fracture of who pronin regular of sare embali	ANTE
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FUNERAL DIRECTOR: he chief medical examiner l by a medical examiner. (2) Body burns; (3) A fracture the physician who prophysician was in regular fore the remains are emba	
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FUNERAL DIR proved by the chief medical the hospital by a medical e iny nature; (2) Body burns; (3) except where the physician and (6) No physician was in obtained before the remains	S OF INJURY
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icate must be a was released to An accident of A. at a hospital prior to death)	· ta
ate n as re at a rior	23C. PHYSICIAN'S NAME (Type)
Wa And And Pri	James M.
E CO P B	24A. BURIAL CREMATIC REMOVAL (Specify
This certificate must be a the body was released to shows: (1) An accident of was D.O.A. at a hospital deceased prior to death);	BURIAL
his cer he boc hows: vas D. leceas	25A. DATE REC'D SY H
는 다 각 3 중 3 × 3	JUN 1 0 1969

В	D-120 69	587	1 6	HEALTH DEPARTMENT	REG. NO.	69	5877				
T,	NAME OF DECEASED				2 DATE AND HOUR OF DEATH						
П	ype or Print) Norman Char		June 8, 1969 1 5:35 P M								
3	PLACE IN BALTIMORE, MARYLAND, WHERE	4. USUAL RESIDENCE (Whe	re deceased lived If in-	titution:	residence before admission)						
N ₅	ULL NAME OF (IF NOT IN HOSPITAL OR	Florida // O									
li	FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION			C. CITY OR TOWN D. INSIDE CITY L			IMITS?				
				Miami yes 🗆							
) T	JS Public Health Service	E. STREET AND NUMBER									
	3100 Wyman Parkway	1221 Northeast First Ave.									
5.	SEX 6. RACE W 7. MA	RRIED	NEVER MARRIEDEX	8. DATE OF BIRTH	9. AGE (in years	II Unde	or 1 Yr. Il Under 24 Hrs. Doys Haurs Min.				
	WID	OWED		11/11/04	lost birthday)	Months	Doys Haurs Min.				
10	A. USUAL OCCUPATION (Give kind of work 108, KI	ND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12, CIT	ZEN OF WHAT COUNTRY?				
0.0	one during most of working life, even if retired) Retired Seaman			Wisconsir	1		USA				
13	3. FATHER'S NAME			14. MOTHER'S MAIDEN NAME			UDA				
	Frank W. Davis	Veronica ?									
15.	. Was Deceased Ever in U. S. Armed Forces? es.no or unknawn) (If yes, give war ar dates of serv		1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS				
	Yes USMC 1923-192		341-12-3488	Records- US PH	HS Hospital,	Bal	lto. Md.				
	18.		CAUSE OF DEATH				APPROXIMATE INTERVAL				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying,	se Massive gastrointestinal			Hours						
	heart failure, asthenia, etc. II means the di injury ar camplication which caused death.	canca	DUE TO, OK AS A	consequence of: he	morrhage						
	ANTECEDENT CANAGE										
l	ANTECEDENT CAUSES (8) Cons			umption coagul	opathy		Days				
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the			A CONSEQUENCE OF: (C	linically)						
	UNDERLYING CONDITION lost. (c) Carc			inoma of the prostate, suspected			Months				
ATION	TO THE DEATH BUT NOT RELATED TO THE TERM	TING									
2	DISEASE OR CONDITION GIVEN IN PART 1 (A).	FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES. WERE FINDINGS			CONCIDENCE				
CERTIFIC	WAS PERFORMED)		yes	IN CERTIFYING CAU	SES OF I	DEATH?				
MEDICAL CE	OR CONTRIBUTING CAUSE OF	PLACE OF INJURY (e.g., in e, farm, factory, street, offi		(If in Baltimore	City, give	e exact location)					
ED	21D-TIME (Manth) (Day) (Year) (Hauri OF INJURY		INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?						
Σ	(APPROX.)	Whi	While At T Not While T								
	Work At Work										
	22. I certify that (I) (this hospital) ottended the deceased from May 10 19 69 to June 8 19 69 that (I) (we) last saw the deceased alive an June 8 19 69 and that In(my) (aur) apinion death occurred on the date										
	and hour and from the couses stated above. (1/ (We) (did) (did not) view the body after death.										
	23A. SIGNATURE			2	3B, DAT	E SIGNED					
	James M Wenne Attend			ding Med. Staff 6			/9/69				
	23C.PHYSICIAN'S NAME (Type) James M. Weaver, Medic	23	D. ADDRESS	pital, Balto							
24	A. BURIAL CREMATION, 248, DATE 12		DEGREE METERY OF CREA								
	REMOVAL (Specify)				*-		r county) (Stote)				
25	BURIAL 6-12-1969	Cas	t Side Cemter	St 25C. FUNERAL DIRECTOR	anley, Wisc	onsi	n memme				
-3"	JUN 1 0 1969 Robert E. Jas	AME O	F REGISTRAR	25C. FUNERAL DIRECTOR	file Tours	105	ADDRESS				
L.	TEO-BEY 1/1/49	ver,	14. A ()	Wm 5 Cook-Bro	Gra rawson,	エリフ	o iork Road				
13	130-KEV. 1/1/65					1 2 1 2 3 3 C	THE MICH SHOPE THE				



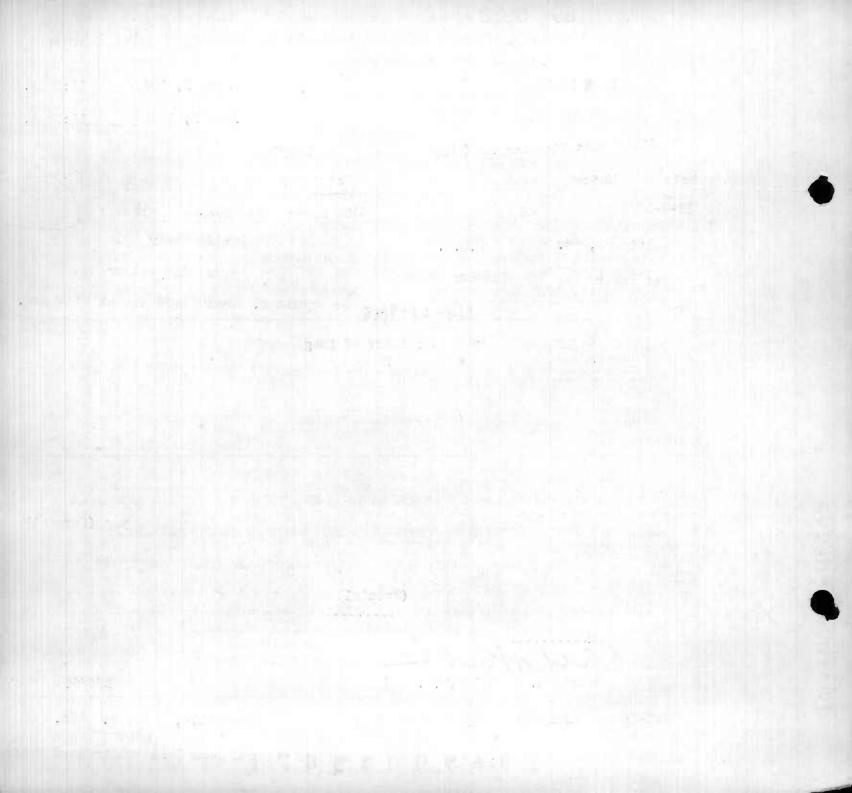
H-40	55 69	581	all C	Y HEALTH DEPARTMENT	REG. NO.	69	5878			
NAME OF DE			CLKTITICA							
Type or Printl	and the second second second	Konl	Coordo	2. DATE	AND HOUR OF DEATH		40.00 4			
3. PLACE IN BA	HELLMANN,	TERE PRONG	GEOTES	4. USUAL RESIDENCE (W	June 8,1969		12:30 A			
		TERE TROTT	DONGED DEAD	A. STATE B. CO	UNTY	institution: resi	dence belate admiss			
FULL NAME OF	F (IF NOT IN HOSPITA ADDRESS OR LOCA	L OR INSTI	TUTION, GIVE STREET	Maryland Bal	timore bu	Kt Ch	53-0			
NOTITUTION	Veterans Administration Hospital				D. IN	SIDE CITY LIM	ITS?			
23	3900 Loch Ray			Upper Falls		YES 🗌	NO X			
	Baltimore, Maryland 21218			E. STREET AND NUMBER McCubben Road						
SEX										
Male	White	WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 11-24-92	9. AGE (In years lest birthdey)	II Under 1 Menths D	Yr. II Under 24 ays Heurs Mir			
one duppy most of	warking life, even if retired)	OB KIND O	K + Decker	11. BIRTHPLACE (Stete et fe	ereign ceuntry)	12. CITIZET	N OF WHAT COUN			
Inknown	(warking life, eyen it relired)	-Unk	noun	Tennessee		11	S.A.			
FATHER'S NA				14. MOTHER'S MAIDEN N	AME					
Frederic	k J. Hellmann			Martha Johns						
Was Deceased	d Ever in U. S. Armed Ferce	5?	1 6. SOCIAL	17. INFORMANT	Records					
es, na er unknowi	n) (It yes, give wer at detes	ef servicel	SECURITY NO.				DDRESS			
Yes	1-31-18 to 1	-22-19	216-07-3889	VA, Hosp. 3900	Loch Raven	Blvd. B	alto. Md.2			
(This does in hearf feilure, injury ar can	SE OR CONDITION DIRE LEADING TO DEATH not mean the made at a asthenia, etc. It means it mplication which caused of	lying, e.g.,	,	A CONSEQUENCE OF:	***************************************		WEEN ONSET AND DE			
	ANTECEDENT CAUSES			Cause Undeter	mined	I				
rise la lh	OR CONDITIONS, it are above cause (A) s	y, giving faling the	DUE TO, OR AS	A CONSEQUENCE OF:			**************************************			
UNDEKLTING	G CONDITION last.		(C)							
TIO THE DEAT	FICANT CONDITIONS CONT TH BUT NOT RELATED TO THE CONDITION GIVEN IN PART	TERMINAL	***************************************							
19A-DATE OF	OPERATION 198. CONDI	TION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes er)	Ne) 208, IF YES, WERE	FINDINGS CO	NSIDERED			
21A. A CCIDENT WAS UNDERLYINO 21B. PLACE OF INJURY (e.g., in heme, form, fectory, street, off pearth (notify medical examiner)				er about 21 C. WHERE DID	(If In Baltime	Yes	(act lecetion)			
21D. TIME OF INJURY	(Manth) (Dey) (Year)	(Heur) 21E	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?					
(APPROXI		Wo								
22. I certify that (1) (this haspital) attended the deceased from June 7. 19 69 to June 8, 1969										
	last saw the deceased			19 <u>69</u> and t	hat in (mg/) (aur) api	nian death a				
and haur and	fram the causes stated	abave. 🌿	(We) (did) (하다다() vi	ew the bady after death.	1000					
23A. SIGNATU	RE	- /				238, DATE SI	IGNED			
7,	Nasrall	al	Atten Phys.	ding Med.	Staff Phys.	6/6	119			
23C. PHYSICIA NAME (T	N'S		DUGREE	3D. ADDRESS	, 41	1 1	0/			
	NASRALLAH		MD	3900 Loch Raver	Blvd. Balt.	0.Md. 2	1218			
BURIAL CRE	MATION, 248. DATE	24C. N	MD DEGREE							
DURI	AL 6/11/196	9 (BA	Lo HAYINAL	240.	LOCATION ICE	ty, tewn, ar ce	(State)			
JUN 10	1000 0000	Pa Be	F REGISTRAR	25C. FUNERAL DIRECTO	F. FUAN: Y	Sm 88	ADDRESS / FOR			
150 DEV 1/1/4	6.0			113	PENING I		" JETT			

BIRTH NO.	MED	ICAL EX	XAMINER'S	CERTIFI	CATE OF	DEAT	REG. NO	69	5879
1. NAME OF DECEA	WILLIAM ^J	HELEINE	2. DATE OF DEATH	Known Estimoted	Month June	8,1969	Yeor	11:30 A.	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)				3. DATE PRONOI	JNCED DEAD		8, 1969	Yeor	11:30 A
/	AL EXAMINER	OFFICE		A. STATE	Maryland		ed. If institution: B. COUNTY	residence b	efore odmission)
6. SEX 7. Male	White	B. MARRIED WIDOWED	NEVER MARRIED A	C. CITY OR Ba:	town Ltimore		D. INSIDE CIT		NO 🗆
9. DATE OF BIRTH	10. AGE (In lost birthdoy		nder 1 Yr, If Under 24 Hrs, hs; Doys , Hours , Min.	E. STREET A	1735 S. CI	harles			VO
Balto.	Md.	V	VHAT COUNTRY?	13. FATHER	John He	eleine			
done during most of wor Labore	king life, even ifretired)	Moving	& Storage	15. MOTHE		Æ	n		
16. WAS DECEASED (Yes, no or unknown) (If Yes	yes, give wor or dotes of	FORCES?	17. SOCIAL SECURITY NO.	Mrs.				DRESS St.	
(This does not heart failure, as injury or compliance of the compliance of the complex of the co	OR CONDITION DIRECT ADING TO DEATH meon the mode of dyl sthenio, etc. It meons the icotion which caused deo ECEDENT CAUSES CONDITIONS, IF ANY, BOVE CAUSE (A) STAT CONDITION LAST. II ICANT CONDITIONS CO	ng, e.g., diseose, th.) GIVING ING THE	(0)						
22A. EXTERNA UNDERLYING UTING CAUS	PERATION GIVEN IN PA PERATION 20B. CON L CAUSE WAS OR CONTRIB-	RT 1 (A). IDITION FOR	WHICH OPERATION WA	in or about 2	2C. WHERE DID (I			t locotion)	yes yes
DF INJURY (APPROX.) Ju 23.		Unk • m.	ZE.INJURY OCCURRED		Found below			Bridg	e
1 certify	Ronald 1	U/C	Inspection Auccident Suicide M.D. blum, M.D.	ASSI	ond that on this omicide UCHIEF MEDICAL EXSTANT MEDICAL EXPORTED CALEX	Indetermin KAMINER KAMINER			date signed
24A. BURIAL CREMA REMOVAL (Specify) Burial	TION. 248 DATE		C. NAME of CEMETERY			OCATION	(City, town,		(Stote)
25A. DATE REC'D BY			Balto U OF REGISTRAR		UNERAL DIRECTO			DRESS	ort Av



VS 1S1-REV. 1/1/6B

, , –	MED	ICAL F	XAMINER'S C	'ERTIFIC ATE	OF DEA	TH	69 5	038
IRTH NO.	MILD	ICAL L	VAMILIATE 2 C	LKIIIICAIL	OI DLA	REG. NO	000	300
NAME OF DECEAS	SED			2. DATE Known	n	Doy	Yeor	Hour
ype or Print)	HENRY MEYER			OF	_	ne 5, 19		11:30 Am.
	ORE, MARYLAND, W		OUNCED DEAD	3. DATE	Month	Doy	-	Hour
ULL NAME OF OSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	LORINSTITUT		PRONOUNCED D	Jun	e 5, 196	59	11:30 AM.
	T			5. USUAL RESIDENCE A. STATE	E (Where deceoses	B. COUNTY		ore odmission)
	Forest View				yland		26	-3/
	RACE	B. MARRIED	NEVER MARRIED	C. CITY OR TOWN		D. INSIDE	CITY LIMITS?	
Male	White	WIDOWED		Baltimor			YES X N	<u> </u>
11-7-1902	10. AGE (In lost birthdo	years If U	Inder 1 Yr. If Under 24 Hrs. hths: Doys : Hours : Min.	E. STREET AND NULL 4428 Fores		enue	21206	
. BIRTHPLACE (Stote		12.	CITIZEN OF	13. FATHER'S NAME		-		
	nore, Md.		WHAT COUNTRY?			les Meye	r	
A.USUAL OCCUPAT	ION (Give kind of work ing life, even if retired)		BUSINESS OR INDUSTRY	IS. MOTHER'S MAID	EN NAME	1	U-11am	
Ret Ba		Koe	ster Bakery		Oa.	therine	METTEL.	
es, no or unknown) (If	EVER IN U.S. ARMED	FORCES? of service)	SECURITY NO.	18. INFORMANT Mrs Amali	ia A. Mey	er 4428	ADDRESS Forest	View Ave.
19.	1.		CAUSE OF DEAT					OXIMATE INTERVAL
DISTAGE	A CONDITION DIDE	PTIV	Carcinon	na of Lung			BETWEE	N ONSET AND DEATH
	R CONDITION DIRECTOR TO DEATH	-ILY						
(This does not n	neon the mode of dy	Ing, e.g.,	(A)IMMEDIATE C	S A CONSEQUENCE OF	F:			
	henio, etc. It meons the cotion which coused dec							
	CEDENT CAUSES	0	(B)	AS A CONSEQUENCE	O.E.			
RISE TO THE AS	CONDITIONS, IF ANY BOVE CAUSE (A) STAT	ING THE	DUE TO, OK	AS A CONSEQUENCE	OF:			
UNDERLYING	CONDITION LAST.		(C)	*******				
	II.							
TO THE DEATH	CANT CONDITIONS CO BUT NOT RELATED TO NOTION GIVEN IN PA	THE TERMINAL						
			WHICH OPERATION WA	S PERFORMED	O VIII e		21. AUTOPS	SY? (Yes or No)
5 7 .							*****	(Dontini)
22A. EXTERNAL	L CAUSE WAS	228.	PLACE OF INJURY(e.g.,	in or obout 22C. WHE	RE DID (If in Boltin	more City, give e	yes ((Partial)
UNDERLYING		hom	e, form, foctory, street, office	bldg., etc.) INJURY O	CCUR? `			
UTING CAUSE) (Hour) :	22E.INJURY OCCURRED	22F. HOW	DID INJURY OF	CHR2		
OF INJURY (APPROX.)	, (507) (1001	, , , ,		WHILE	TOID INSORT OF	.cok.		
23.		m.		ork []				
	that I held on I	nauiry 🗌		onsy X ond th	nat on this basi	s. death in m	v gninion	
resulted	from: Notural cou	ses 🔝 A	Accident Suicid			mined monner		
ACTUAL SIGNATURE	Should	UK	int mo		EDICAL EXAMINE		D	ATE SIGNED
EXAMINER'S NAME (Type	KOHA KU IV	. Kornh	lum,M.D.	ASSOCIATE MI	EDICAL EXAMINE	R 🗌	6/6	5/69
4A. BURIAL CREMAT		2.	4C. NAME of CEMETERY	or CREMATORY	24D. LOCATIO	N (City, to	wn, or county)	(Stote)
EMOVAL (Specify) Burial	6-9-19	969	Parkwood Ceme			rille,	Balto.	Md.
SA. DATE REC'D BY			OF REGISTRAR	25C. FUNERAL	DIRECTOR		ADDRESS	
1114 1 6	1959 (laber	E. gad	100 Book	Lassann	Fungral H	lome 740:	l Belair	Road 2123



6-25-69 M.H VS 153

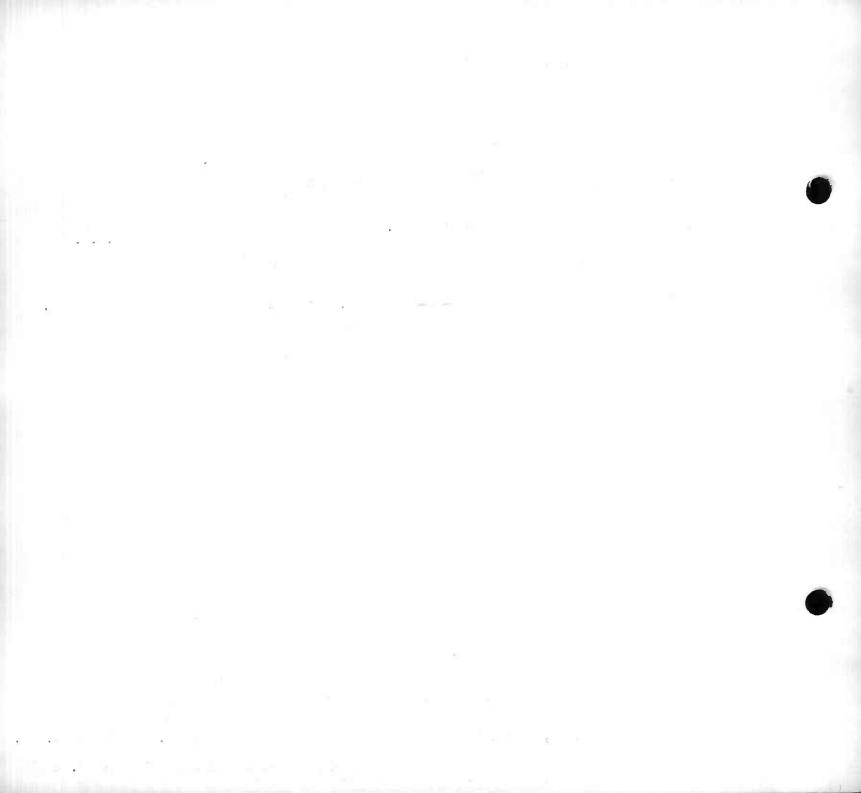
FUNERAL DIRECTOR: IMPORTANT

BIRTH NO.				Y HEALTH DEPARTMENT		00 5000
	69	5882	CERTIFICA	TE OF DEATH	REG. NO.	69 5882
1. NAME OF DECEASED				2. DATE A	ND HOUR OF DEA	TH .
WI	LLIAM	THON	JA2	1 1	6 /69	13:10 1
3. PLACE IN BALTIMOR	E MARYLAND, W	HERE PRONOU	INCED DEAD	4. USUAL RESIDENCE (Wh A. STATE & COU		Il institution residence before admissi
FULL NAME OF (I	F NOT IN HOSPITA	AL OR INSTITU	TION, GIVE STREET	MD	NTY	27-34
INSTITUTION				C. CITY OR TOWN	D. 1	INSIDE CITY LIMITS?
48110111	. D. Or	· M >	100 m	Partmore		YES NO
48MARYLL	भाग वह	D. APC	24/1/45	E. STREET AND NUMBER		
				5414 BIDD	180N A	/€ . 2120 b
5. SEX 6. RAC	SE .	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , Il Under 24 H
N	w	WIDOWED	DIVORCED	2-3-92	last birthdoy)	Months Doys Hours Min.
10A, USUAL OCCUPATIO	N (Give kind of work	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or lore	eign country)	12. CITIZEN OF WHAT COUNT
Bottlen	1100, even it retited)		al Brewery	4D. Bal		
13. FATHER'S NAME	5 2000					U.S.A.
				14. MOTHER'S MAIDEN NA	ME	
HENRY	V. TH	OMAS		MOLLIE W	# 11 CED	
5. Wos Deceosed Ever in	II C America E.	9	6. SOCIAL	17. INFORMANT	Cluidal	ADDRESS
(Yes, no or unknown) (If yes	give wor or doles		SECURITY NO.			
100			76-03-800(P HEMEN ZE	MER	SAME
18. 5 / 9 5	215-2	50	CAUSE OF DEATE	i i		APPROXIMATE INTERVAL
DISEASE OR	CONDITION DIR	ECTLY	Chisopie	0.00		BETWEEN ONSET AND DEA
	NG TO DEATH		(A) IMMEDIATE CAU	ORSTRUCTIVE	2 CANG.	Meeth
(This does not med heart failure, astheni	in the mode of	dying, e.g.,	DUE TO, OR AS	A CONSEQUENCE OF:	FER	Plat 124
injury ar camplicatio	n which caused	me aisease, deoth.)				
- 1	EDENT CAUSES					
			(8)			
DISEASES OR CO	NUITIONS, if a	ny, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING CON	DITION last.	arming the	(c)			
	П	· · · · · ·				
OTHER SIGNIFICANT		TRIBITING	PREUMO	SNIA		
	SOURCE COLL					
TO THE DEATH BUT N	10T RELATED TO THI	PARRIAMAN	DINGSTE			
TO THE DEATH BUT NO DISEASE OR CONDITION 19A-DATE OF OPERA	UN GIVEN IN PARI	E TERMINAL	**************	35 MELLITUS		
TO THE DEATH BUT NO DISEASE OR CONDITION TO THE DEATH BUT NO DISEASE OF OPERAL TO THE DEATH BUT NO DISEASE O	UN GIVEN IN PARI	E TERMINAL 1 (A). ITION FOR WE	***************	20A-AUTOPSY? (Yes of No		RE FINDINGS CONSIDERED CAUSES OF DEATH?
TO THE DEATH BUT N DISEASE OR CONDITION 19A DATE OF OPERA	TION 198 COND WAS PERFO	E TERMINAL 1 (A). HITON FOR WE DRMED	HICH OPERATION	20A AUTOPSY? (Yes or No		RE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASE OR CONDITION 19A. DATE OF OPERA 21A. ACCIDENT WAS	JION 198 COND WAS PERFO	E TERMINAL 1 (A). ITION FOR WIDENMED 218. P. home,	HICH OPERATION	20A-AUTOPSY? (Yes of No	208. IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING	JION 198 COND WAS PERFO	E TERMINAL 1 (A). HITON FOR WED RMED	HICH OPERATION	20A-AUTOPSY? (Yes or No	208. IF YES, WER	
OR CONTRIBUTING DEATH (notify medical DEATH (Month)	TION 198. COND WAS PERFO UNDERLYING CAUSE OF	E TERMINAL 1 (A). HITON FOR WIDRMED 21 B. P. home,	LACE OF INJURY (e.g., in form, foctory, street, old	20A. AUTOPSY? (Yes or No No No nor obout 21C, WHERE DID INJURY OCCUR?	IN CERTIFYING (
OR CONTRIBUTING	JION 198. COND WAS PERFO UNDERLYING CAUSE OF	E TERMINAL 1 (A). INTON FOR WIDTON FOR WIDTON 21B, P. Home, elc.) (Houd) 21E, II	LACE OF INJURY (e.g., in form, foctory, street, old	20A. AUTOPSY? (Yes or No No No nor obout 21C, WHERE DID INJURY OCCUR?	IN CERTIFYING (
OR CONTRIBUTING DEATH (notify medical	S UNDERLYING CAUSE OF t exomines) (Doy) (Year)	E TERMINAL 1 (A). IITON FOR WIDTON FOR WIDTON 21B, Phome, etc.) (Houd) 21E, II While Work	LACE OF INJURY (e.g., in form, foctory, street, old	20A. AUTOPSY? (Yes or No No No nor obout 21C, WHERE DID INJURY OCCUR?	IN CERTIFYING (
DEATH (notify medical	S UNDERLYING CAUSE OF texomines (Course of texomines) (Coy) (Year) (this hospital)	E TERMINAL 1 (A). ITON FOR WIDTON FOR WIDTON 218, P. home, etc.) (Houd 21E, II While Work attended the	LACE OF INJURY (e.g., in form, foctory, street, old	20A-AUTOPSY? (Yes or No NO nor obout 21C. WHERE DID ice bldg., INJURY OCCUR?	O) 20B, IF YES, WEF IN CERTIFYING ((If In Bollin	nore City, give exoct location)
DEATH (notify medical	S UNDERLYING CAUSE OF texomines (Course of texomines) (Coy) (Year) (this hospital)	E TERMINAL 1 (A). ITON FOR WIDTON FOR WIDTON 218, P. home, etc.) (Houd 21E, II While Work attended the	LACE OF INJURY (e.g., in form, foctory, street, old	20A AUTOPSY? (Yes or No	OP 20B, IF YES, WER IN CERTIFYING ((If In Bolin	nore City, give exoct location)
OR CONTRIBUTING DEATH (notify medical DEATH	JON 198. COND JON 198. COND WAS PERFO S UNDERLYING CAUSE OF L exomines O (Doy) (Year) O (this hospital) The way the deceased	(Houd 21E. II While Work attended the alive on	At Not While At Work	20A. AUTOPSY? (Yes or No NO 1 or obout 21C. WHERE DID ice bldg. INJURY OCCUR? 21F. HOW DID INJ	OP 20B, IF YES, WER IN CERTIFYING ((If In Bolin	nore City, give exoct location)
OR CONTRIBUTING DEATH (notify medical DEATH (notify medical Contribution (Month) OF INJURY (APPROX.) 22. I certify that (I) that (I) (we) last so and haur and from the	JON 198. COND JON 198. COND WAS PERFO S UNDERLYING CAUSE OF L exomines O (Doy) (Year) O (this hospital) The way the deceased	(Houd 21E. II While Work attended the alive on	At Not While At Work	20A AUTOPSY? (Yes or No	OP 20B, IF YES, WER IN CERTIFYING ((If In Bolin	nore City, give exoct location)
OR CONTRIBUTING DEATH (notify medical DEATH (notify medical Contribution of INJURY (APPROX.) 22. I certify that (I) that (I) (we) last so and haur and from t 23A. SIGNATURE	S UNDERLYING CAUSE OF texomined (this hospital) (this hospital) with the deceased the causes state	E TERMINAL 1 (A). INTON FOR WITTON FOR WITTON FOR WITTON (Houd) 21E, Pl. Home, etc.) (Houd) 21E, III While Work attended the alive on	At North Work At Work Accessed from (We) (did) (did nat) vi	20A. AUTOPSY? (Yes or No NO nor obout 21C. WHERE DID ice bldg. INJURY OCCUR? 21F. HOW DID INJ 19 and the ew the bady after death.	20B, IF YES, WEI IN CERTIFYING ([If In Boltin URY OCCUR? 19 62 ta at in (my) (our) o	nore City, give exoct location)
OR CONTRIBUTING DEATH (notify medical DEATH	S UNDERLYING CAUSE OF texomined (this hospital) (this hospital) with the deceased the causes state	(Houd 21E. II While Work attended the alive on	At At Work deceased fram (We) (did) (did nat) vi	20A. AUTOPSY? (Yes or No NO nor obout 21C. WHERE DID ice bldg. INJURY OCCUR? 21F. HOW DID INJ 19 and the ew the bady after death.	20B, IF YES, WEI IN CERTIFYING ([If In Boltin URY OCCUR? 19 62 ta at in (my) (our) o	hore City, give exoct location) 6 6 19 69 pintan death occurred an the da
OR CONTRIBUTING DEATH (notify medical DEATH	S UNDERLYING CAUSE OF texomined (this hospital) (this hospital) with the deceased the causes state	E TERMINAL 1 (A). INTON FOR WITTON FOR WITTON FOR WITTON (Houd) 21E, Pl. Home, etc.) (Houd) 21E, III While Work attended the alive on	At Not While At Work Acceded from Society of the At Work At At At Attention of the At Work At Attention of the Attention o	20A. AUTOPSY? (Yes or No NO nor obout 21C. WHERE DID ice bldg. INJURY OCCUR? 21F. HOW DID INJ 19 and the ew the bady after death.	20B, IF YES, WEI IN CERTIFYING ([If In Boltin URY OCCUR? 19 62 ta at in (my) (our) o	pintan death occurred an the da
OR CONTRIBUTING DEATH (notify medical DEATH (notify medical DEATH (notify medical Control of the control DEATH (notify medical Control of the control DEATH (notify medical Control of the control DEATH (notify medical	S UNDERLYING CAUSE OF texomines) (this hospital) the causes stated the causes stated	E TERMINAL 1 (A). ITON FOR WI DRMED 21B, P. home, etc.) (Houd) 21E II While Work attended the alive on	At OPERATION At OF INJURY (e.g., in form, foctory, street, oil	20A AUTOPSY? (Yes or No	20B, IF YES, WEI IN CERTIFYING ([If In Boltin URY OCCUR? 19 62 ta at in (my) (our) o	pintan death occurred an the da
OR CONTRIBUTING DEATH (notify medical OF INJURY (APPROX.) 22. I certify that (I) that (I) (we) last so and haur and from the death of the	S UNDERLYING COND S UNDERLYING CAUSE OF texomines) (this hospital) we the deceased the causes states L S	(Houd 21E II While Work aftended the alive on dabaye. (1)	At Work deceased fram (We) (did) (did nat) vi	20A. AUTOPSY? (Yes or No	20B, IF YES, WEI IN CERTIFYING ([If In Boltin URY OCCUR? 19 69 ta at in (my) (our) o Shaff	pintan death occurred an the da
OR CONTRIBUTING DEATH (notify medical DEATH (notify medical DEATH (notify medical DEATH (notify medical OF INJURY (APPROX.) 22. I certify that (I) that (I) (we) last so and haur and from t 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 4A. BURIAL CREMATION REMOVAL (Specily)	S UNDERLYING CAUSE OF texomines (Course of texomines) (this hospital) the causes state of the causes o	E TERMINAL 1 (A). 1	At Not While At Work deceased fram (We) (did) (did nat) vi DEGREE AT OF SEMETERY OF CREATERS AC OF CEMETERY OF CREATERS LACE OF SINJURY (e.g., in the content of the	20A. AUTOPSY? (Yes or No NO 1 or obout 21C. WHERE DID ice bldg. INJURY OCCUR? 21F. HOW DID INJ 27 19 27 and the ew the bady after death. ding Med. Director 3D. ADDRESS	20B, IF YES, WEI IN CERTIFYING ([If In Bollin URY OCCUR? 19 69 ta at in (my) (our) o Shoff Phys.	pintan death occurred an the da
OR CONTRIBUTING DEATH (notify medical DEATH	S UNDERLYING 198. COND S UNDERLYING 198. COND S UNDERLYING 1 CAUSE OF t exomined (he courses state) (this hospital) whe deceased the causes state 2	E TERMINAL 1 (A). 1	At Work deceased fram (We) (did) (did nat) vi	20A. AUTOPSY? (Yes or No NO 1 or obout 21C. WHERE DID ice bldg. INJURY OCCUR? 21F. HOW DID INJ 27 19 27 and the ew the bady after death. ding Med. Director 3D. ADDRESS	20B, IF YES, WEI IN CERTIFYING ([If In Bollin URY OCCUR? 19 69 ta at in (my) (our) o Shoff Phys.	pintan death occurred an the da
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FUNERAL DIRECTOR: IMPORTANT

	M-240 60 5000 BALTIMORE CI	ITY HEALTH DEPARTMENT 69	FOOR
		ATE OF DEATH REG. NO.	3883
	NAME OF DECEASED QHESTER NUN MICH	HAEL 2. DATE AND HOUR BE DEATH	1145 B
3	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution	int residence before admission)
F	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	A. STATE B. COUNTY Baltimore C. CITY OR TOWN D. INSIDE CIT	53-00 YUMTS2
4	4) NYON MEMORIAL HOSPITA	E. STREET AND NUMBER YES	
	SEX / 16. RACE 17. MARCH TV	9021 Allenswood Rd.	
	WIDOWED DIVORCED	1 1/6-14-10 ast birthdoy) 5-8 Mon	nder 1 Yr. If Under 24 Hrs. This Days Hours Min.
do	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUST.	1/10	CITIZEN OF WHAT COUNTRY
13	MAIL CLER Equitable Trust Co.	MAKYLAND 14. MOTHER'S MAIDEN NAME	MERICAN.
	MICHAELS (D)	MARY ANNE COLE	MAN.
(Y	Was Deceased Ever in U. S. Armed Forces? ss, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO.	17, INFORMANT	ADDRESS
	NO 217-01-9647	Mrs. Helen H. Michael 9021 Al	lenswood Rd.
	18. CAUSE OF DEA	MR	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Peritonitis, perforates	BETWEEN ONSET AND DEATH
	(This does not mean the made of dying as (A) IMMEDIATE CA	AUSE willer of Stormack	
	heart failure, asthenia, etc. It means the disease, injury or complication which caused deoth.)	S A CONSEQUENCE OF:	
	ANTECEDENT CAUSES		1
		AS A CONSEQUENCE OF:	
	rise to the above cause (A) stating the UNDERLYING CONDITION last, (C)	on consequence or.	D. H.
1	П		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
. ∥₹			***
ERTIF	199A-DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION WAS PERFORMED	20A- AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES OF	GS CONSIDERED F DEATH?
CALC	DEATH (notify medical examiner) etc.)	In or obout 2 C. WHERE DID (II In Boltimore City, office bldg., INJURY OCCUR?	give exact location)
MEDÎ	21D. TIME (Month! (Doyl (Yeor) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
<	(APPROX.) While At Not Wh	ille 🗌	
	22. I certify that (this hospital) attended the deceased from	00 /// 1969 to F/	6 10 69
	that (1) ast saw the deceased alive on 6/6/	9 19 and that in (my) (and apimon do	toth occurred on the data
	and haur and from the causes stated above. (1) (Wo (o)d) (dispot)	view the bady after death.	vacance on the date
-	23A. SIGNATURE		ATE SIGNED
		Med. Staff ys. Director Phys.	
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	
	LUIS CINTADO MD	I UNION MEMORIAL I	LASPITAL
24/	BURIAL CREMATION, 24B, DATE 24C. NAME of CEMETERY OF CI	REMATORY 24D. LOCATION (City, lown	, or county) (Stote)
	Burial June 9, 69 Lorraine Park Ce	emetery Windsor Mill Rd. Ba	ltimore Co. Md.
254	DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
	JUNI 0 1969 Robert E. Felle AS O	O Loring Byers Chapel 8728 Lit	erty Rd. 21133
A.2	150-REV. 1/1/68		



IMPORTANT

DIRECTOR:

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VS 150-REV. 1/1/68



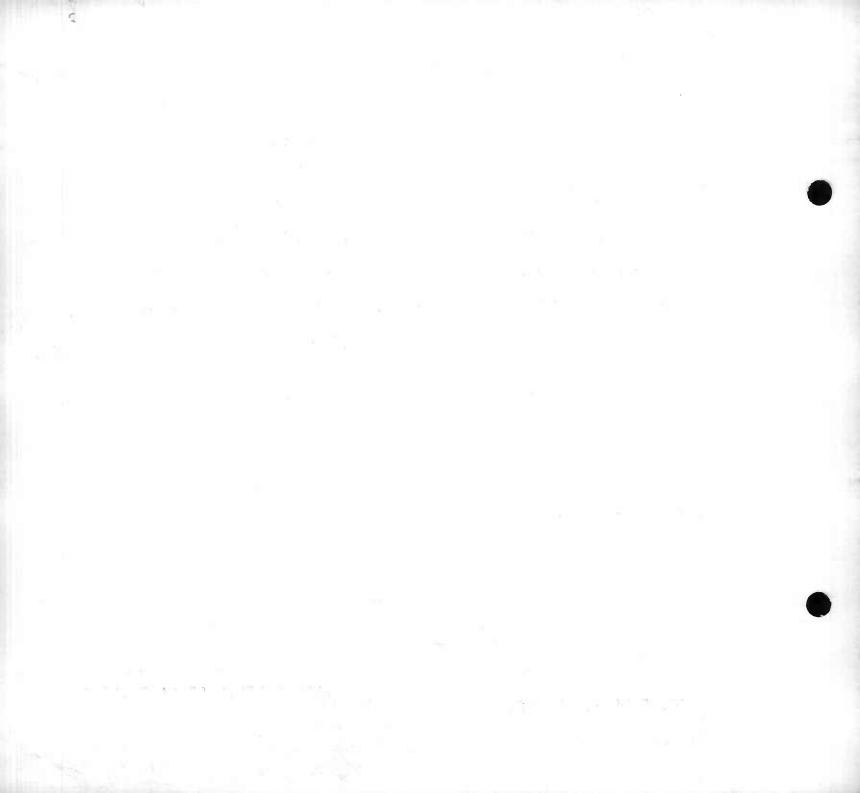
2 200 00: =	BALTIMORE CITY	HEALTH DEPARTMENT		69	5885
D-320 69 5	SS5 CERTIFICA	TE OF DEATH	REG. NO		0000
INAME OF DECEASED			ND HOUR OF DEA	ATL	
(Type or Print) EMILIE A	. DOETSCH	June	8, 1969		M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Wh A. STATE B. COU		If institution; reside	ence before admission)
				11	7-13
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	SITUTION, GIVE STREET	Maryland C. CITY OR TOWN	In.	INSIDE CITY LIMITS	52
INSTITUTION		City of Bal		YES X	NO 🗆
O A ENCORE HOUSE		E. STREET AND NUMBER		123 22	140 🔲
218 Ridgewood Ro	ed City.		nt Road	Roland Pa	rk, City 10
	HED NEVER MARRIED	B. DATE OF BIRTH	9, AGE (In years	If Under 1 1	Yr. If Under 24 Hrs.
Female White WIDON	= =	June 30,1882	last birthday)	Months Day	rs Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KINI		•		12. CITIZEN	OF WHAT COUNTRY?
dane during most of working life, even if retired)					
Retired - Lawyer Law		Baltimore Cit		US	SA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME		
Louis John Do	etsch	J	ohanna P	ohl	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of servi	ce) 16. SOCIAL SECURITY NO.	17. INFORMANT: SIST	er	AD	DRESS
NO		Louisa Doetsc	h. 4401 R	oland Av.	.City 10
18. 44 / 0 91	CAUSE OF DEAT		.,	AF	PPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		1.11	0.00	BETW	EEN ONSET AND DEATH
LEADING TO DEATH		Waloble Marie	carchel)	W. T	
(This does not mean the made of dying,	e.g., DUE TO, OR AS	A CONSEQUENCE OF:		Comment	
heart foilure, asthenia, etc. It means the dise injury ar camplication which caused death.)	ase,		4	V	
	A	0 0 0 0	Os to		
ANTECEDENT CAUSES	(B) ener	align derel	of and		
DISEASES OR CONDITIONS, if any, gi	9	A CONSEQUENCE OF:			
risa la lhe obave couse (A) sloting UNDERLYING CONDITION lost.	(C)				***************************************
11	(),				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG			-	
I TO THE DEATH BUT NOT RELATED TO THE TERMIN					
	OR WHICH OPERATION	20A. AUTOPSY? (Yes or h	No) 20B. IF YES, W	ERE FINDINGS CO	NSIDERED
19A. DATE OF OPERATION 19B. CONDITION F		no	IN CERTIFYING	CAUSES OF DEA	TH?
U 21A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID	(If in Bol	timore City, give ex	act location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?			
U	015 101111011 0 5 5 11 10 10	015 110111 010 11	LILIAN COCURS		
OF INJURY (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID IN	AJORT OCCOR:		
(APPROX.)	While At At Work				
22. I certify that (I) (this haspital) attend	ed the deceased from		19 50 to	Que	19/2
that (1) (we) last saw the deceased alive	() ->	1967 and 1		apinion death o	ccurred an the date
and hour and from the causes stated above	e. (i) (me) (ala) (ala nat)	view the body offer death	l.	23B. DATE S	IGNED
234. 31011111111111111111111111111111111111	2 AH	ending Med.	Staff	1	0 (1)
1 John 13.12	DEGREE Phy		Phys.	June	9,68
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS			1)
Trans. Tryon				U	
	C. NAME of CEMETERY OF CR	EMATORY 24D.	LOCATION	(City, town, or co	ounty) (State)
REMOVAL (Specify)	Cman Mann	+ Comotows W	Roltimono	Manuland	
CREMATION 6/9/69 25A. DATE REC'D BY HEALTH DEPT. 2SB. NA	Green Moun	25C. FUNERAL DIRECTO	Baltimore,		ADDRESS
		min (5) (17)			
IUN 1 0 1969 Pober E Faile	w Mills	TEMPART & (IOWEN CO.1	.uo w.Nor	th Av., Cityl
VE 150 0EV 1/1/60					



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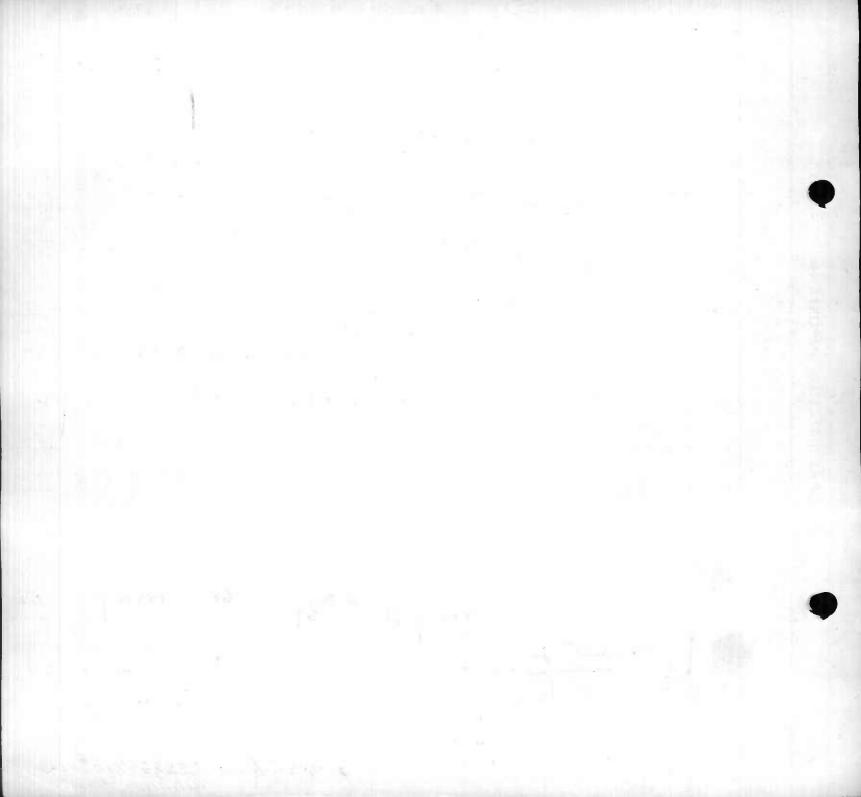
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BALTIMORE CITY HEALTH DEPARTMENT



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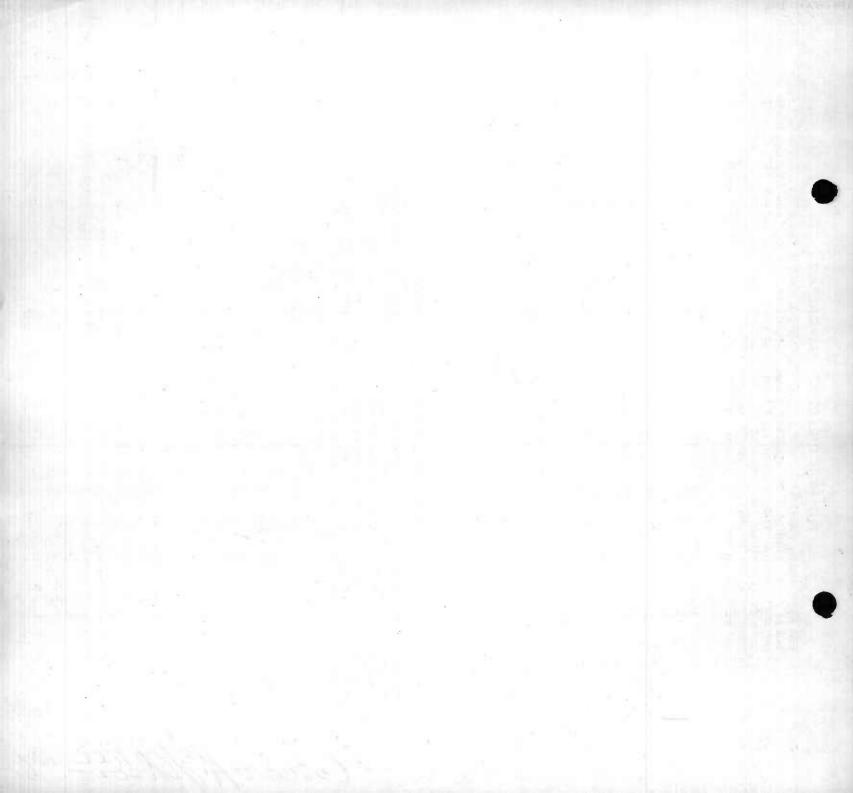
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	MLD	ICAL	XAMINER'S	CERTIFIC	AIE OF	DEAT	REG. NO		
t)	2. DATE OF DEATH	Known Estimoted	June	6, [□] 1969	Yeor	7:54 P.			
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD				3. DATE		Month	Doy	Yeor	Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION								and and	7:54 P.
AGNES HO	SPITAL					e deceosed in	B. COUNTY H	oward	erore oamission)
7. RACE		8. MARRIED	NEVER MARRIED	C. CITY OR 1	OWN		D. INSIDE CIT	Y LIMITS?	
White		WIDOWED	DIVORCED _	Ellico	tt City		YE	s 🗆	NO X
	n country)								
ost of working life, ev	en if retired)					WE			
CEASED EVER IN	U.S. ARMED	FORCES?					AD	DRESS	
(nown) (If yes, give w	or or dotes o	of service)	216-03-0030	Mrs. K	ay Hause:	r,123 M	CAlpine		
412.4			CAUSE OF DEA	ATH				BETW	PROXIMATE INTERV
LEADING TO loes not mean the follure, osthenio, etc. or complication whice ANTECEDENT SES OR CONDITIO O THE ABOVE CAI	DEATH mode of dyi It means the ch coused deo CAUSES DNS, IF ANY, JSE (A) STAT	ng, e.g., diseose, th.)	(A)IMMEDIATE DUE TO, OR	CAUSE AS A CONSEQU	ENCE OF:	vascula	r diseas	se	
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TE OF OPERATION	20B. CON	DITION FOR	WHICH OPERATION W	AS PERFORME	D				PSY? (Yes or No
YING OR CON	TRIB-	22B. hom	PLACE OF INJURY (e.g. e, form, foctory, street, offi	, in or about 22 ce bldg., etc.) IN	C. WHERE DID JURY OCCUR?	(if in 8oltimor	e City, give exac	t lacotion)	
IRY	oy) (Yeor)		WHILE AT NO	T WHILE	F. HOW DID IN	JURY OCCU	JR?		
TUAL NATURE AMINER'S ME (Type) CREMATION, 2 (Specify)	onald M	N. Korn	Sulci	de Hon Ci ASSIS	nicide HIEF MEDICAL I TANT MEDICAL I	Undetermine EXAMINER EXAMINER EXAMINER LOCATION	ned manner	6/7/6	
	N BALTIMORE, MA OF (IF NO ADDRE) ON AGNES HO 7. RACE White BIRTH 7.1901 ACE (Stote or foreign TIA OCCUPATION (Given VAL Archit CEASED EVER IN Interest of Working life, we will be a consist nt of the above calculation of	RARL A. HAUN BALTIMORE, MARYLAND, WORD (IF NOT IN HOSPITAL ADDRESS OR LOCATION) AGNES HOSPITAL 7. RACE White BIRTH 10. AGE (In lost birthdoy) ACE (Stote or foreign country) TIA ACE (Stote or foreign country) TIA CEASED EVER IN U.S. ARMED (Known) (If yes, give wor or dotes of the country) AND THE ABOVE CAUSE (A) STATE (ELYING CONDITIONS IF ANY OF THE ABOVE CAUSE (A) STATE (ELYING CONDITIONS IF ANY OF THE ABOVE CAUSE (A) STATE (ELYING CONDITIONS IF ANY OF THE ABOVE CAUSE (A) STATE (ELYING CONDITION LAST. BE SIGNIFICANT CONDITIONS OF THE ABOVE CAUSE (A) STATE (ELYING CONDITION LAST. ANTECEDENT CAUSE (A) STATE (ELEATH BUT NOT RELATED TO THE ABOVE CAUSE (A) STATE (ELEATH BUT NOT RELATED TO THE ABOVE CAUSE (A) STATE (ELYING CONDITION GIVEN IN PARTITION (ELEATH BUT NOT RELATED TO THE ABOVE CAUSE (A) STATE (ELE	KARL A. HAUSER N BALTIMORE, MARYLAND, WHERE PRON OF (IF NOT IN HOSPITAL OR INSTITUT ADDRESS OR LOCATION) ON AGNES HOSPITAL 7. RACE White WIDOWED BIRTH 10. AGE (In years lost birthdow) 7 Mor 7. 1901 ACE (Stote or foreign country) TIA CEASED EVER IN U.S. ARMED FORCES? Known) (If yes, give wor or doles of service) ISEASE OR CONDITION DIRECTLY LEADING TO DEATH COUNTY OF THE ABOVE CAUSE (A) STATING THE ERLYING CONDITIONS, IF ANY, GIVING TO THE ABOVE CAUSE (A) STATING THE ERLYING CONDITION LAST. II R SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE TERMINAL SEE OR CONDITION 20B. CONDITION FOR EXTERNAL CAUSE WAS LYING OR CONTRIB- LYING MORE CETTER WAS LYING OR CONTRIB- LYING O	KARL A. HAUSER N BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD OF	KARL A. HAUSER N BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD OF (IF NOT IN HOSPITAL DEATH) AGNES HOSPITAL 7. RACE	KARL A. HAUSER DEATH DEATH Estimoted DEATH DEATH	N BATIMORE, MARYLAND, WHERE PRONOUNCED DEAD OF (FNOTIN HOSPITAL DOPESS OR LOCATION) N BATIMORE, MARYLAND, WHERE PRONOUNCED DEAD OF (FNOTIN HOSPITAL DEPARTMENT OF CALL OF THE PRONOUNCED DEAD OF (FNOTIN HOSPITAL DEPARTMENT OF CALL OF THE PRONOUNCED DEAD OF (Where decreased in A. STATE Maryland A. STATE Maryland A. STATE Maryland DIVORCED OF C. CITY OR TOWN DIVOR	FOECEASED NALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD OF (F NOT IN JOSEPHAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) PRONOUNCED DEAD J. S. USUAL RESIDENCE (Where decreased live all institution) A GAGES HOSPITAL A STATE Maryland O. INSIDE CIT BIRTH 10 AGE (In years in Bunder 1 Yr, if Under 24 Hrs. is 51REET AND NUMBER 17,1901 12 CITIZEN OF 13 FATHER'S NAME Late Joseph Hauser DECUPATION (Greetind decreal) 14 A TOLL TOLL EADING TO BEATH CRASE OF CONDITION DIRECTLY LEADING TO DEATH ISSASE OR CONDITION DIRECTLY LEADING TO DEATH ISSASE OR CONDITION CONTRIBUTION ANTECEDENT CAUSES SES OR CONDITION STATE (C) ANTECEDENT CAUSE A) STATING THE ERRIFICATION CONDITION STATE (C) OTHER ABOVE CAUSE (A) STATING THE ERRIFICATION CONDITION STATE (C) ANTECEDENT CAUSE (A) STATING THE ERRIFICATION CONDITION STATE (C) ANTECEDENT CAUSE (A) STATING THE ERRIFICATION CONDITION STATE (C) ANTECEDENT CAUSE (A) STATING THE ERRIFICATION CONDITION STATE (C) ANTECEDENT CAUSE (A) STATING THE ERRIFICATION CONDITION STATE (C) ANTECEDENT CAUSE (A) STATING THE ERRIFICATION CONDITION STATE (C) ANTECEDENT CAUSE (A) STATING THE ERRIFICATION CONDITION STATE (C) ANTECEDENT CAUSE (A) STATING THE ERRIFICATION CONDITION STATE (C) ANTECEDENT CAUSE (A) STATING THE ERRIFICATION CONDITION STATE (C) ANTECEDENT CAUSE (A) STATING THE ERRIFICATION CONDITION STATE (C) A STATE MEDICAL EXAMINER ASSOCIATE ME	RARL A

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W300	BALTIMORE CITY HEALTH DEPARTMENT 69 5892 CERTIFICATE OF DEATH REG. NO. 69 5892
che d the	BIRTH NO.
deat deat ease n th Suc	1. NAME OF DECEASED (Type or Print) HOWARD F: 11/00 P
of d of d Dece	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAT RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY 1/2
osp e e 5)	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET)
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in in in ior	E. STREET AND NUMBER
P d + id	Paltynne nd 4009 Nebert Heght Rive.
curr rribu mine gula sed mad	S. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Days Hours; Min.
oon on on on re- re- re- re- sis	DIVORCED DIVORCED STATE OF WIDOWED DIVORCED DIVO
det det in dec	done Fulling most of working life, even if retired)
de Cun	13. FASHER'S NAME
or if direct ; (4) U (4) Was n the dispos	Lenge somes Wood. Emma Taisles
fan e d al d	15. W/s Deceosed Ever in U. S. Armed Forces? (Yes, a or unknown) (If yes, give wor or dates of service) SECURITY NO. 17. INFORMANT
Skissis f th y kin d d d d d d	212-10-2826/ Helen filon 5202 pariagra
an an or	DISEASE OR CONDITION DIRECTLY
Also e of noun atte	LEADING TO DEATH
er er chron	(This does not mean the made of dying, e.g., heart foilure, asthenio, etc. II means the disease, injury or camplication which caused death.)
frace gul	ANTECEDENT CAUSES WILL Vascullar XISERS
wh wh	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
ale (3)	rise la lhe abave cause (A) stoling lhe UNDERLYING CONDITION last. (C)
dica lica rns, rns, sici	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
Man med	C DISEASE OR CONDITION GIVEN IN PART 1 (A)
hief ody ody he sici	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
by by Bby Bby Bby Bby Bby Ore	218. PLACE OF INJURY (e.g., in or about 21C, WHERE DID (If In Baltimore City give exact location)
rat by	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?
d by sspi ture t w 6) r	21D. TIME (Manth) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
ove e ho cep cep de de	(APPROX.) While At Work At Work
ppro the any (exc obt	22. I certify that (1) (this haspital) attended the deceased from 1969 to 1969
sed to sed to ant of apital eath);	that (1) (we) last saw the deceased alive an
leased to ident of hospital of death)	23A, SIGNATURE 23B, DATE SIGNED
must releas iccide a hos · to do	Attending Phys. Med. Director D Staff D Alle 9-969
was rada An ad A. at a prior	23C. PHYSICIAN'S NAME (Type) T A V D D D D D D D D D D D D
# C 7 D B	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY A CREMATORY 24D. LOCATION (City, town, or county) (Stote)
E 70 0 0	REMOVAL (Specify) Columbia Million Mil
the bod shows: was D.C decease	25A. DATE REC'D BY HEALTH DEM. 25B. NAME OF REGISTRAR 25C. FUNDRAL DIRECTOR
± ± 4 ≥ 5 ≥ 3	JUNI 0 1969 Robert E. Falley M. O O A Color Ai Johnson



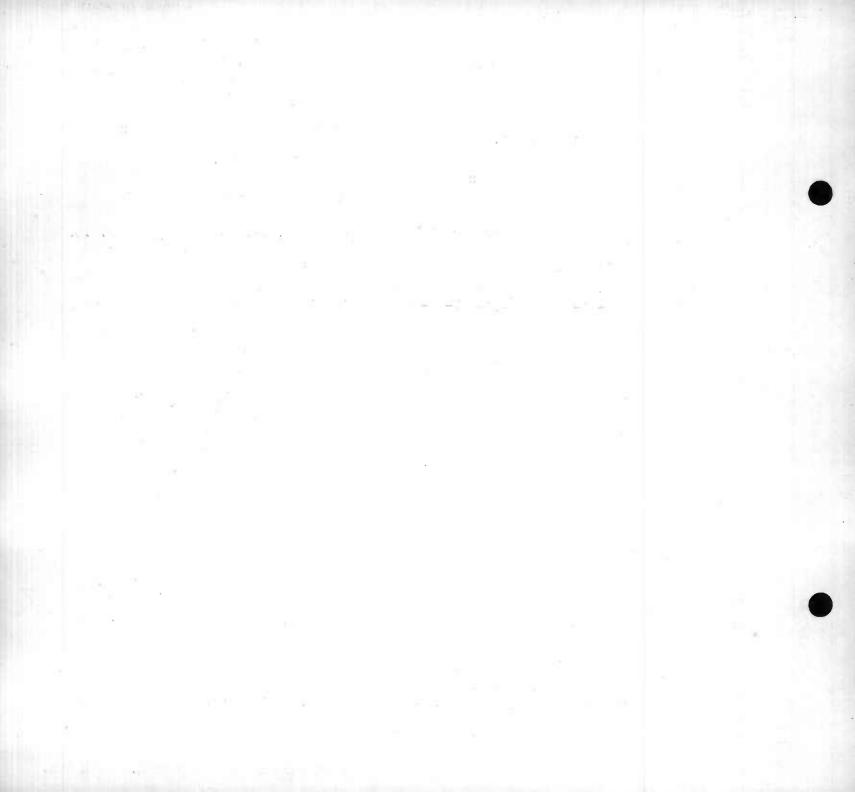
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BALTIMORE CITY HEALTH DEPARTMENT

REG. NG9 5893

BIRTH NO.								
1. NAME OF DECEA		llip Ric	hardson	2, DA	6/5/69	DEATH	12	1354
3. PLACE IN BALTIF	MORE, MARYLAND, W	HERE PRONOUN	CED DEAD	4. USUAL RESIDENCE A. STATE B.	(Where deceased li	ived. If instit	tution; residence	before odmissio
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT	AL OR INSTITUTI	ON, GIVE STREET	Maryland		D. INSIDE	CITY LIMITS?	04
NSHIUHON				Baltimore			_	NO 🗌
00	802 Mc Kear	n Ave.		E. STREET AND NUME				
. SEX 6	RACE	7. 44 A DDIED [a-	ALEVED MADRIED	802 MC Ke	9. AGE (In ye	eors	If Under 1 Yr.	If Under 24 Hi
Male	Negro	WIDOWED	DIVORCED	5/23/06	lost birthday)	٨	Months Doys	Hours Min.
				Y 11. BIRTHPLACE (Stote of	or foreign country)		12. CITIZEN OF	WHAT COUNT
one during most of wo	rking life, even if retired)							
Cook 3. FATHER'S NAMI		Mercha	nt Club	Baltimore,	Maryland		U.S.	Α.
FAIHER'S NAMI				14. MOTHER'S MAIDER	NAME			
?	Richardson			Doritha	?			
es, no or unknown)	ver in U. S. Armed For I yes, give wor or dote	rces? es of service]	6. SOCIAL SECURITY NO.	17. INFORMANT			ADDRE	SS
Yes	8-13-43 to	2000	17-09-3141	Ruth Richard	ison 8	02 Mc	Kean Ave	
18,///	(2)	3 -2 - 10 F	CAUSE OF DEA			-	APPRO	XIMATE INTERVAL
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injury ar campl AN DISEASES OR rise fa the UNDERLYING	sthenia, etc. It means icotian which caused NTECEDENT CAUSES	s the disease, I death.) any, giving slofing lhe	(B) DUE TO, OR A	S A CONSEQUENCE OF:	IL HEBRI	7		
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DIRECTOR:

FUNERAL



	HEALTH DEPARTMENT
	TE OF DEATH REGION 5835
INAME OF DECEASED Type or Print) MATTHEWS, JAMES ALBERT 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	2. Date and Hour of Death 6/7/69 9:00 P M
FULL NAME OF SIF NOT IN HOSPITAL OR INSTITUTION. GIVE STREET HOSPITAL OR ADDRESS OR LOCATION!	A. STATE B. COUNTY MD. BALTO. C
40	E. STREET AND NUMBER 26 SHIPLEY AVE.
MALE NEGRO WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 His. Months; Days Haurs; Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY dane during most of working life, even it retired) Gardner Pvt. Family	11. SIRTHPLACE (State of Ioloign country) MARYLAND USA
CHARLES H. MATTHEWS	14. MOTHER'S MAIDEN NAME ADAMS, MARY
15. Was Deceased Ever in U. S. Armed Forces? (Yes, na as unknown) (Iff yas, give war or dates of service) 216 14 324	17. INFORMAN CATON & WILKENS AVE. ADDESALTO. ME
injury or complication which coused death.) ANTECEDENT CAUSES (B) Death	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 1 21B-PLACE OF INJURY 10 G. In	20A. AUTOPSY? (Yes at Na) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form, lactory, street, offi etc.)	140
21D.TIME (Manthl (Day) (Year) (Hour) 21E, INJURY OCCURRED While At Not While At Work	21F. HOW DID INJURY OCCUR?
22. I certify that XI) (this hospital) attended the deceased from 5/that XI) (we) lost saw the deceased alive on 6/7/and hour and from the causes stated above. XIX(We) (did) XIX(XX) vis	19 69 and that in (my) (aur) opinion death occurred on the date
23A. SIGNATURE Of lung of bornsway midebree Phys. 23C. PHYSICIAN'S NAME (Typo) Dy. 9 Lung bornsway DR. GLORIA BOONSWANG Magnificent Physician Science Physician Physician Science Physician Physic	ding Med. Shoff M 6/7/69 BD. ADDRESS BALTO., MD. ST AGNES HOSPWILKENS & CATON AVE.
Burial 6/11/69 Western Star Center of CREA Burial 6/11/69 Western St	
111 1 0 1969 Paber 8. Fasber M. B. O O O	Nutter Funeral Home 3035 W. North Ave.



	N-365. 69 5	904	HEALTH DEPARTMENT	REG. NO.	69 5896
1, 1	NAME OF DECEASED PC OF Print) LINDA NIEDEF			AND HOUR OF DEATH	10 1057/0
3.	PLACE IN BALTIMORE, MARYLAND, WHERE P		4. USUAL RESIDENCE (W	rere deceased lived. If i	nstitution: residence before odmission)
FU	ILL NAME OF (IF NOT IN HOSPITAL OR DESPITAL OR ADDRESS OR LOCATION)	1	MARYLAND C. CITY OR TOWN	Balto.C	
	THE JOHNS HOPKINS BALTIMORE, MD 2120		E. STREET AND NUMBER		YES NO V
5.	SEX 6. RACE 7. SAAS		7012 BEECH		
	FEMALE WHITE WIDO	RRIED NEVER MARRIED WED DIVORCED	8-22-66	% AGE (In years lost birthday)	Il Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.
don	USUAL OCCUPATION (Give kind of work 108, KIN e during most of working life, even if refired)	NONIZ	11. BIRTHPLACE (Stole or for	reign country!	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME DONALD SMITH		14. MOTHER'S MAIDEN NA		
15.	Was Deceased Ever In U. S. Anned Forces?	1 6. SOCIAL	LINDA PEAR	L NIEDERWE	ADDRESS
(16:	s,no or unknown) (If yes, give wer or dates of ser	SECURITY NO.	Josie Nie	EDERWEM	0 4
	18.207.01	CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		Sancie		2 1000
	(This does not meon the made of dying,	e.g., (A) IMMEDIATE CAU	SE CONSEQUENCE OF:	***********	J mays
	heart failure, asthenia, etc. It means the dis injury or complication which caused death.)	eose,	0	. 4	10 1/1mm
	ANTECEDENT CAUSES	(B) Lie	ukemia lac	cute stem	ally 11 mos
	DISEASES OR CONDITIONS, il any, g rise lo the abave cause (A) sloting	iving DUE TO, OR AS	A CONSEQUENCE OF:	***************************************	
	UNDERLYING CONDITION last.	(C)			
HOL	II OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE TERMI	ING NAL			
CERTIFICATION	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N	O) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CAL	21A- ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218 PLACE OF INJURY (e.g., Inhome, form, foctory, street, after.)	n er obout 21 C. WHERE DID	(If In Boltimor	e City, give exoct locotion)
MEDI	21D-TIME (Month! (Doy) (Yeoil (Hous) OF INJURY (APPROX.)	While At Not While Work At Work	21F. HOW DID IN	JURY OCCUR?	
	22. I certify that (I) (this hospital) attend		13/69	19taG/C	6/69 19
	that (1) (a) last saw the deceased alive	T	19 69 and th	hat in (my) (act) api	nian death accurred an the date
	and have and from the causes stated abo	ve. (1) (35) (did) (did) vi		•	
	Michael a Sun	MD Atter	Med. Director	Staff Phys.	6/6/69
	23C.PHYSICIAMS NAME (Type) MICHAEL A. S	IMMONS M.D.	THE JOHNS	HOPKINS HO	OSPITAL
24A	BURIAL CREMATION, 1248, DATE 12	C. NAME of CEMETERY OF CRE			ily, town, or county! (Stotel
25A		SARDEN OF FAIT	25C FUNETAL DIRECTO	Baltimor	- 111
		Parker, M.D. ()		205. INC 711	0

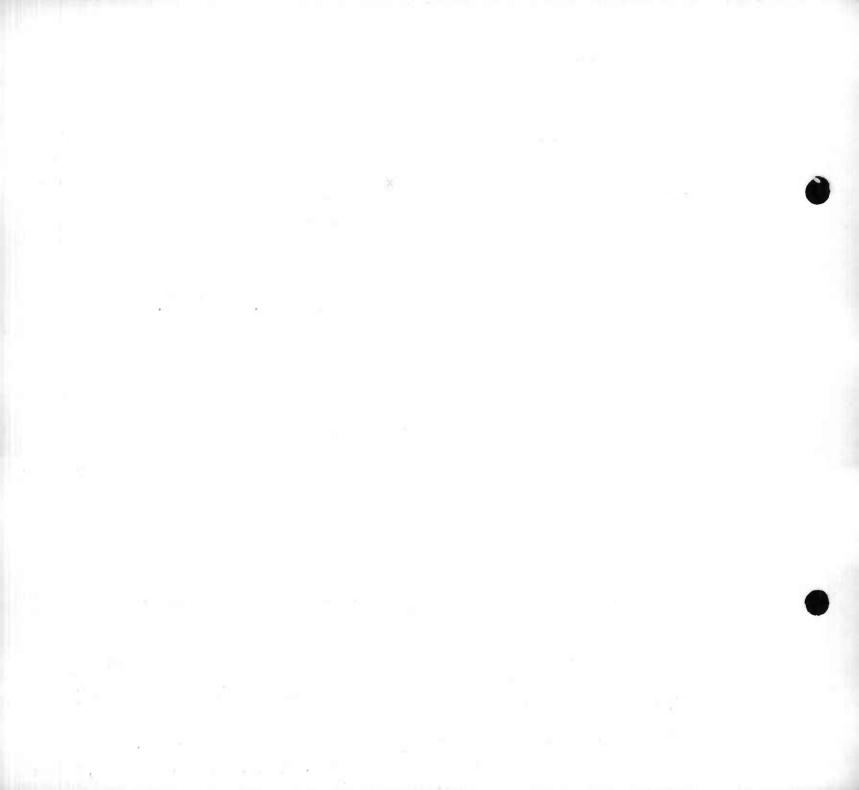


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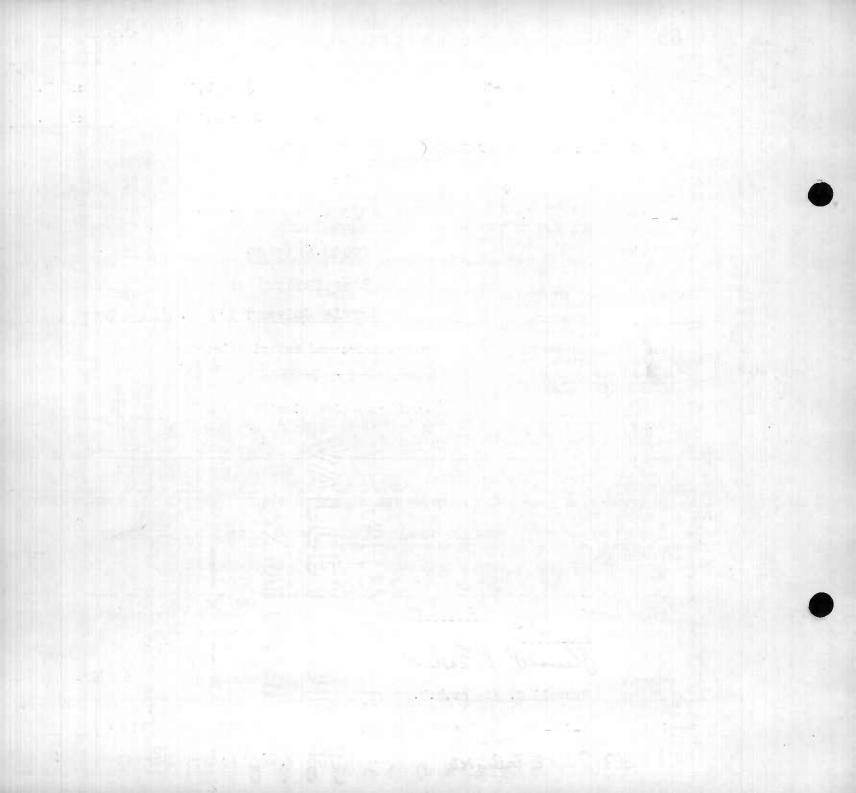
DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

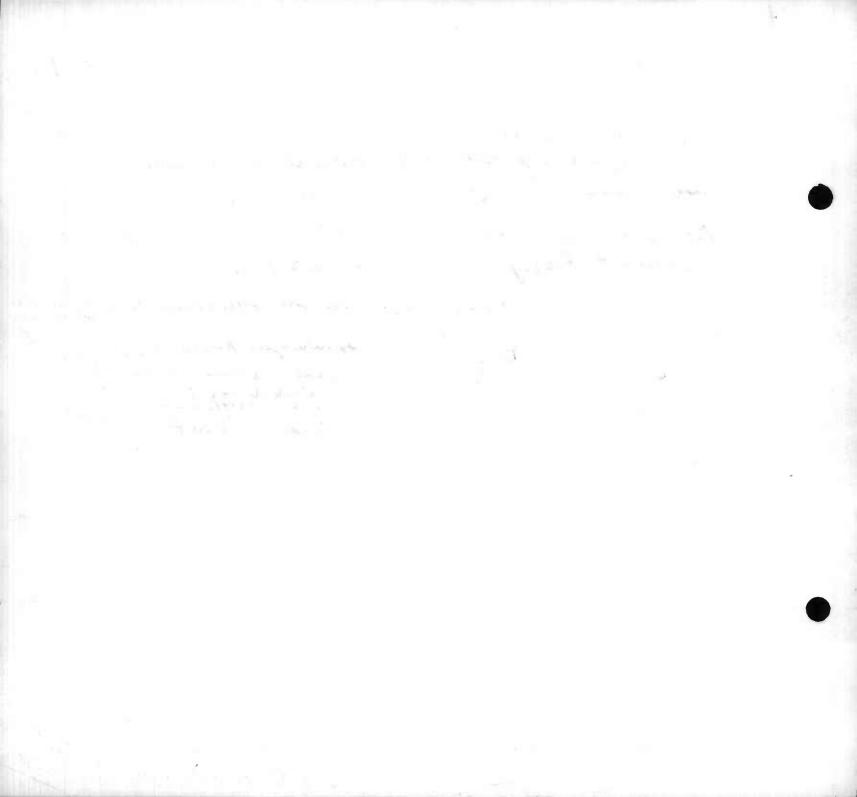


	NAME OF DEC	FASED			2. DATE Known \(\Dag{\text{N}} \)	Nonth Day	Year H	our
	pe or Print)		LEMAN -H		OF _	ne 7.1969		:50 P. M.
4.	PLACE IN BAL	TIMORE, MARYLAND	WHERE PRONO		3. DATE	Ionth Doy		our
HC	ILL NAME OF DSPITAL	(IF NOT IN HOS	PITAL OR INSTITUTIO	ON, GIVE STREET		ne 7,1969		:50 P. M.
OF	ROUTITIZALI R	CH BALTO. GE	NERAL HOS	SPITAL (DOA)	A. STATE Maryland	B. COUNTY		re admission)
	SEX	7. RACE	B. MARRIED	NEVER MARRIED	C. CITY OR TOWN	D. INSIDE C	CITY LIMITS?	
	la le	Negro	WIDOWED		Baltimore		YES X NO	
9.	DATE OF BIRT	lost birth	(In years If Un Month	der 1 Yr. If Under 24 Hrs. hs Days Hours Min.	E. STREET AND NUMBER	l de se e de		
11	6-5-0	5 itate or fareign country		ITIZEN OF	105 W. Hamburg S	creet		
1				HAT COUNTRY?				
14/	Virgin	PATION (Give kind of w	ork 148. KIND OF B	BUSINESS OR INDUSTR	JohnH. Coleman			
dar	ne during mast of v	varking life, even ifretire	ed)					
		ED EVER IN U.S. ARM	NED FORCES?	17. SOCIAL	Rosa Taylor IB. INFORMANT	-	ADDRESS	
(Y e	es, na or unknown	(If yes, give war ar dat	les of service)	SECURITY NO.	Carrie Coleman	TT7 W. H17	ll Stree	t
	19. //	1 2		CAUSE OF DEA		11/ 1001111	APPRO	KIMATE INTERVAL
	DICEAC	E OR CONDITION DI	BECTLY	Umarta	nsive and Arterios	cloratio	BEIWEEN	ONSET AND DEATH
		LEADING TO DEATH	RECILI	(A)IMMEDIATE		Cleforic		
	(This does n	at mean the mode of , asthenia, etc. It means	dying, e.g.,		MOSE			
П		, asthenia, etc. It means	the disease.	MAKK KX MK	XXQQQHWQXXXXXXX			
	injury or con	, asthenia, etc. It means nplication which caused	the disease, death.)	XXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
	injury or con	, asthenia, etc. It means nplication which caused	the disease, death.)	(B) Cardio	vascular Disease			
	injury or con	NTECEDENT CAUSES OR CONDITIONS, IF A	death.)	(B) Cardio				******************
2	DISEASES (RISE TO THI UNDERLYIN	NTECEDENT CAUSES	death.) ANY, GIVING STATING THE	(B) Cardio	vascular Disease			
NOL	DISEASES (RISE TO THI UNDERLYIN	nplication which caused NTECEDENT CAUSES OR CONDITIONS, IF A E ABOVE CAUSE (A) S	death.) ANY, GIVING STATING THE	(B) Cardio	vascular Disease			
CATION	DISEASES (CONTROL OF THE POPULAR CONTROL OF T	nplication which caused NTECEDENT CAUSES OR CONDITIONS, IF A E ABOVE CAUSE (A) S NG CONDITION LAS	death.) ANY, GIVING STATING THE T. CONTRIBUTING	(B) Cardio	vascular Disease			***************************************
正	OTHER SIGN TO THE DISEASE OF	nplication which caused NTECEDENT CAUSES OR CONDITIONS, IF A E ABOVE CAUSE (A) S NG CONDITION LAS III HIFICANT CONDITIONS ATH BUT NOT RELATED E CONDITION GIVEN IN	death.) ANY, GIVING STATING THE T. CONTRIBUTING TO THE TERMINAL N PART 1 (A).	(B) Cardic	vascular Disease as a consequence of:			
正	OTHER SIGN TO THE DISEASE OF	nplication which caused NTECEDENT CAUSES OR CONDITIONS, IF A E ABOVE CAUSE (A) S NG CONDITION LAS III HIFICANT CONDITIONS ATH BUT NOT RELATED E CONDITION GIVEN IN	death.) ANY, GIVING STATING THE T. CONTRIBUTING TO THE TERMINAL N PART 1 (A).	(B) Cardio	vascular Disease as a consequence of:			'? (Yes or Na)
	OTHER SIGN TO THE DESCRIPTION OF	NTECEDENT CAUSES OR CONDITIONS, IF A E ABOVE CAUSE (A) S NG CONDITION LAS II HIFICANT CONDITIONS ATH BUT NOT RELATED IC COPERATION 20B. C	CONTRIBUTING TO THE TERMINAL PART 1 (A).	(B) Cardic	vascular Disease AS A CONSEQUENCE OF: AS PERFORMED	Baltimara City, alva e	1	'? (Yes or Na)
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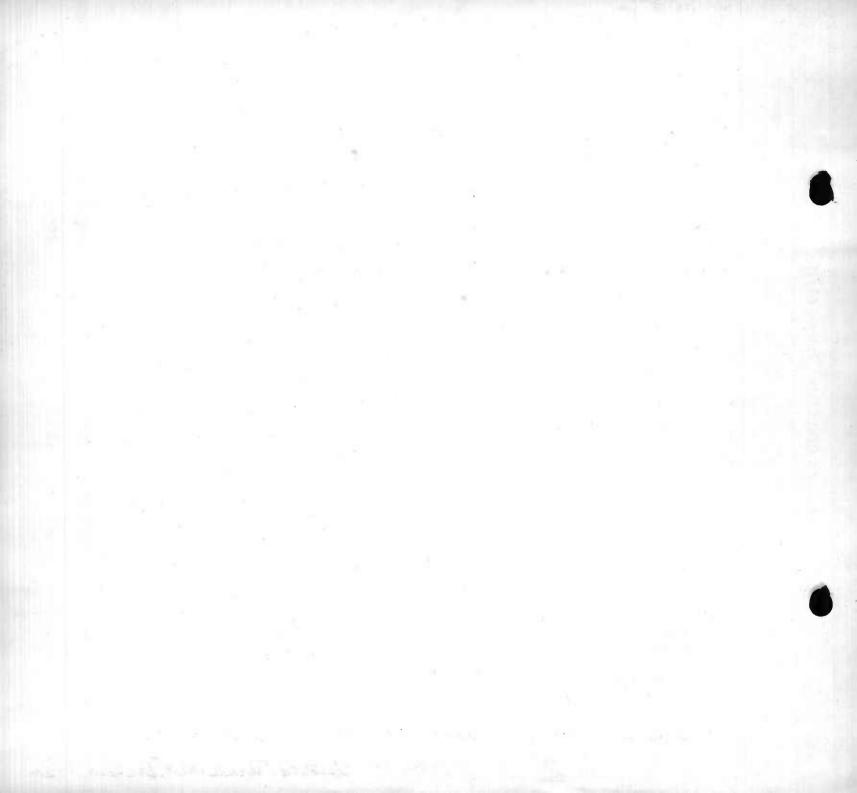
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DIRECTOR:

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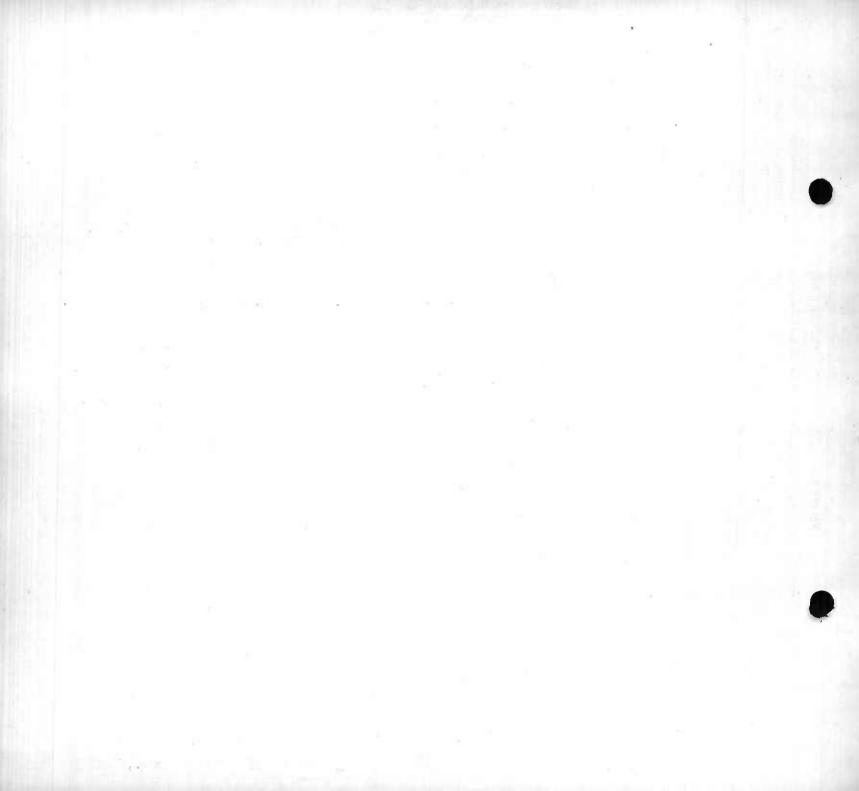
BALTIMORE CITY HEALTH DEPARTMENT



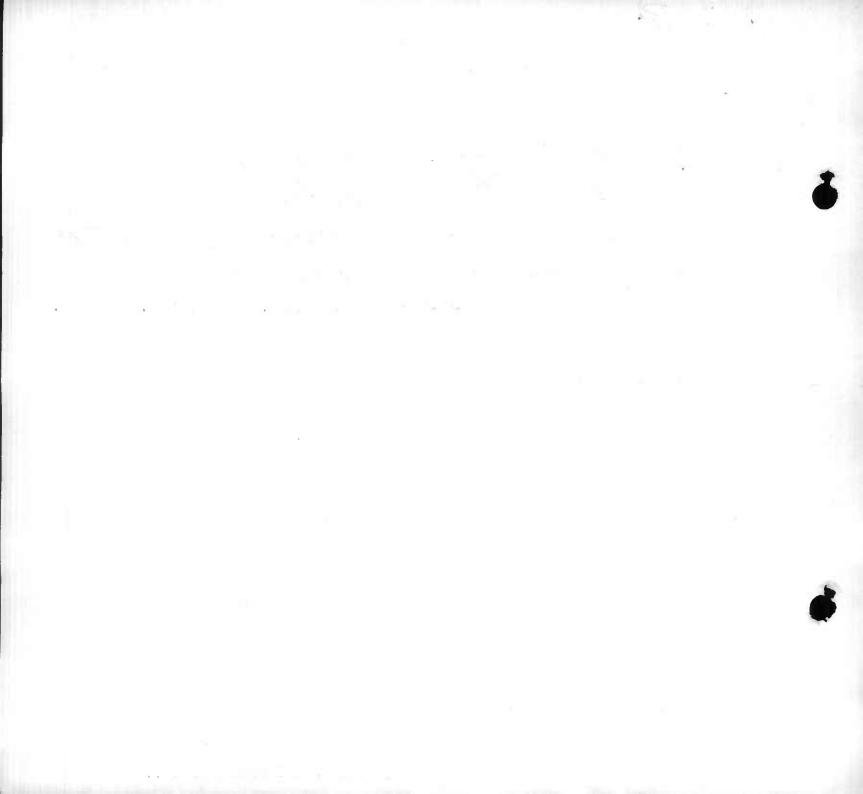
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BALTIMORE CITY HEALTH DEPARTMENT



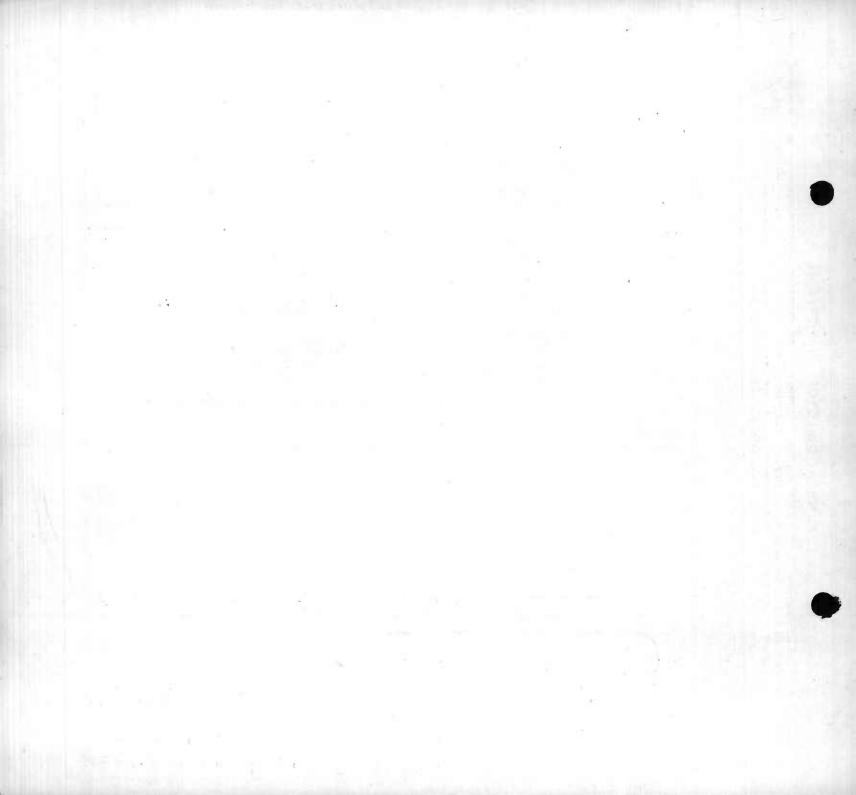


CO FOOD BALTIMORE CITY	HEALTH DEPARTMENT
BIRTH NO. BIRTH NO. CERTIFICA	TE OF DEATH REG. NO. 69 5903
I I I I I I I I I I I I I I I I I I I	2. DATE AND HOUR OF DEATH
(Type or Print) LOWIS LASCALA	6/11/19 133 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II institution; residence before admission)
FIRE NAME OF ALL MOTION OF THE PROPERTY OF THE	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	110.
INSTITUTION	C. CLLY OR TOWN D. INSIDE CITY LIMITS?
13/1000 and 11	STORY AND AUGUSTS
MERCY MOSPITAL	E. STREET AND NUMBER
5. SEX 6. RACE 7. MARRIED	410 N. GREEN ST.
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
WIDOWED DIVORCED	2/5/09 60
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired)	11. BIRTHPLA CE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
CONTED own Business	BRIGING LIER
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Binar Incarra	
BIACGIO LASCOLA	ROSE SERIO
15. Wes Decessed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No 218-26-1006	Mrs. Louis J. Lascola,410 N. Greene St.
18. / / A OI CAUSE OF DEATH	
A = A	ACUTE HI TOUSINE BETWEEN ONSET AND DEATH
LEADING TO DEATH	
(AIMMEDIATE CAU	SE A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury or camplication which caused deoth.)	(
ANTECEDENT CAUSES COCA	an Apple
	A CONSEQUENCE OF:
DISEASES OR CONDITIONS, il any, giving DUE TO, OR AS	A CONSEQUENCE OF: /
UNDERLYING CONDITION last. (C)	
11	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
19A DATE OF OPERATION 119R CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	IN CERTIFFING CAUSES OF DEATH?
OR CONTRIBUTION OF CONTRIBUTION 21B. PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID (II In Boltimore City, give exoct location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, off DEATH (notify medical examiner)	ice biogo INJURY OCCUR?
21D-TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) While At Not While	
THOM - AT WOR	
22. I certify that 🎉 (this hospital) attended the deceased fram	6-03 - 1969 10 6-10-1969
that (W(we) last saw the deceased alive an 6 - 10	- 19 69 and that in (our) opinion death occurred on the date
and hour and from the causes stated above. (I) (We) (stid) (did nat) vi	The second secon
23 AT STONATURE	23 B. DATE SIGNED
Attended to Attend	Mark the second
DEGREE Phys.	Director Phys.
I NAME (Tree of	3D. ADDRESS
BAYANI L. MANALO, M.D. DEGREE	TO PLEKCY HOSPITAL
24A. BURIAL CREMATION, REMOVAL (Specily) 24B. DATE 24C. NAME of CEMETERY OF CREATER OF C	
Burial 6/13/69 New Cathedral Ce	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	
JUN 1 1 1969 Pabert E. Jarber M.D.	
VS 150-REV. 1/1/68	Witzke, 4101, Admondson Ave., 21229



DIRECTOR:

FUNERAL



DIRECTOR:

FUNERAL

VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

NO

Hours

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

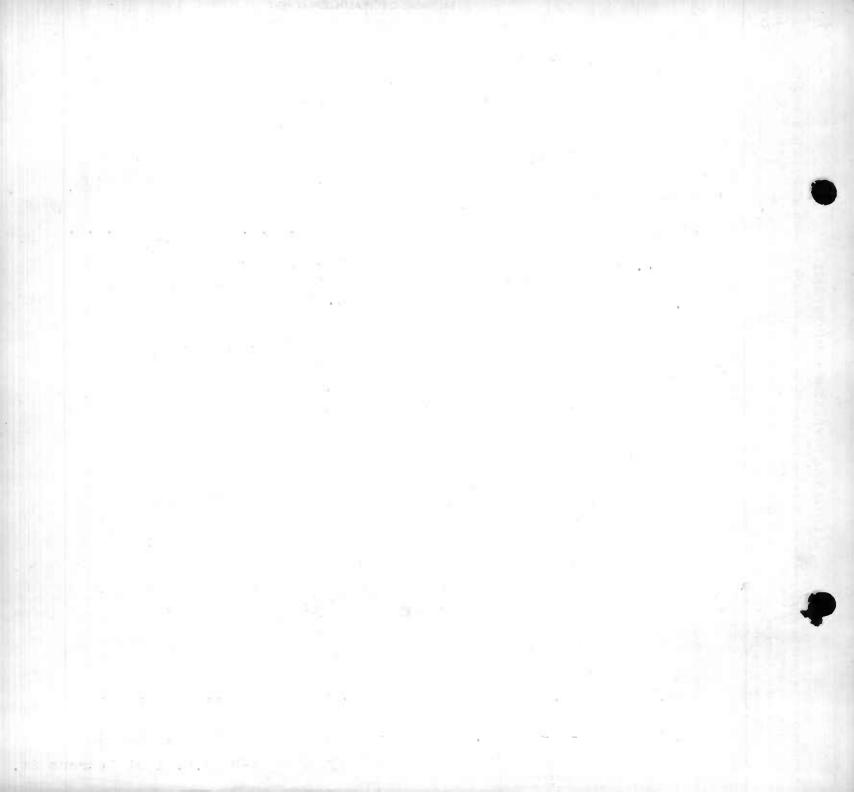
U.S.A.

ADDRESS

If Under 24 Hrs.

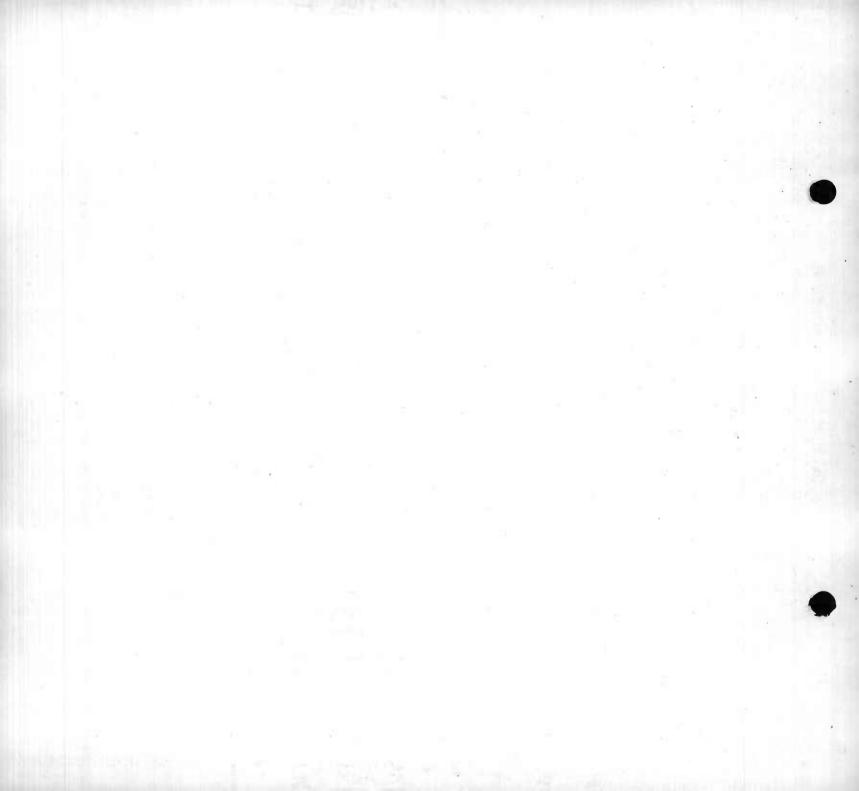
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		04	, 500	BALTIMORE CITY	HEALTH DEPARTA	MENT	6	9 5906
DIDT	H NO.	0.	390	6 CERTIFICA	TE OF DEA	ATH X REG.	NO	
1. NA	ME OF DEC					DATE AND HOUR OF	DEATH	
(Туре	e or Print)	GEORGI	A COLEM	IAN		June 8, 19	969	1 A.
3. PI	LACE IN BAL	TIMORE, MARYLAND,			4. USUAL RESIDEN	CE (Where deceased li	ved. If institution: r	esidenco before odmission
FILE	L NAME OF	AE NOT IN HOS	TITEL OF INICIAL	UTION, GIVE STREET	MARYLA		U,	53-11
HOS	SPITAL OR	A DDRESS OR LO	CATION)	OHON, GIVE SIKEEI	C. CITY OR TOWN	MD Pallore	D. INSIDE CITY L	IMITS?
	11011011				BALTIMO	RE	YES X	NO 🗆
	~ ~				E. STREET AND NU			
(00	7216 Bee	ch Aver	nue	7216 Bee	ch Avenue		
5. SE	X	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In ye	ors If Under	TYI. If Under 24 Hrs
Fe	male	Negro	WIDOWED	DIVORCED _	8-2-1897	72		
				F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stot	te or foreign country)	12. CITI	ZEN OF WHAT COUNTR
	REPIRE				Sumpter,	SC		U.S.A.
_	ATHER'S NA				14. MOTHER'S MAI			0.D.A.
	TT 1-				TO deshed	h Takma		
S \A	Unk	Ever in U. S. Armed	010007	1 6 SOCIAL	Elizabet	n Johns		ADDRESS
Yes,	no or unknown	(If yes, give wor or d	otes of service)	1 6. SOCIAL SECURITY NO.				ADDRESS
1	Vo.				Mrs. Ine	z Parker	7216 Be	ech Avenue
1	B. 4	231		CAUSE OF DEAT	Н		0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	DISEAS	SE OR CONDITION	DIRECTLY		000	1	(1)	BETWEEN ONSET AND DEATH
		LEADING TO DEAT				ullac	Locker	7 56 le
		al meon the made			A CONSEQUENCE OF:		J	
		asthenia, etc. It mea plicotian which caus			4			
		ANTECEDENT CAUS		(m. trinl	120000	and to	211100	lound
				90000	10, nes		7000	10 777
		OR CONDITIONS, in above cause (A		DUE TO, OR AS	A CONSEQUENCE O	5 /		1
		CONDITION last.	, stating ine	(C)				
-		- 11						
		CANT CONDITIONS						
=		H BUT NOTRELATED TO ONDITION GIVEN IN P						
		OPERATION 198. CO		WHICH OPERATION	20 A. AUTOPSY? (Y	les or Nol 208. IF YES	WERE FINDINGS	CONSIDERED
RTI		WAST	ERFORMED			IN CERTIFI	ING CAUSES OF	DEATH:
Ü	ACCIDEN	NT WAS UNDERLYING	218	PLACE OF INJURY (e.g., i	n or obout 21 C. WHER	E DID (If in	8oltimore City, glv	e exoct location)
4 1	DEATH (notify	medical examiner	etc.		Tice bidg., INJURI OC	CCOK:		
20	21D. TIME	(Month) (Doy) (Yea	d) (Hour) 21F	. INJURY OCCURRED	21 F. HOW	DID INJURY OCCUR?		
3	OF INJURY	(17101111) (1-0), (1-0)		nile At Not Whil		DID HIJORY OCCOR.		
	(APPROX.)		Wo			MI	1	010
2	22. I certify	that (1) (this hospit	al) attended t	he deceased from	pur 19	19 to.	Ju	le 5 196
ı	hat (I) (we)	last sow the decea	sed alive an	Julio .	784 19 601	_and that in(my) (our) opinian deo	th occurred on the da
				I) (We) (did) (dld nat) v	law sha hadu atta			
	3A, SIGNATU	V	OBOVE. (i) (we) (did) (did hoi) v	lew the body offer	deam.	228 DA	TE SIGNED
	37, 314,17	PION	1 1 LOC	Atte	nding Med.	Staff	236, 04	TE STOTED
	X	uc -		Z DEGREE Phy	s. Direct	or Phys.		
2	NAME (T	VO CI			23 D. ADDRESS			
	er. R	ICHARD R.	RIGLER	GEGREE	L W. Over	lea Ave.,	Balto, M	ld. 21206
24A.	BURIAL CRE	MATION, 248. DATE	24C. N	AME of CEMETERY or CRI	MATORY	24D. LOCATION	(City, town,	or county) (State)
	Burial		-60 M+	Aubum Co	natarr	Polt-for-	ma Warra	-1 3
25▲		BY HEALTH DEPT.		• Auburn Cer	25C. FUNERAL C	DALTIMO	re, Mary	ADDRESS
		ны 1 1 10	50 20	65 92 al 100	MOPTON !	DVETO TO	H 1701	Laurens St
	CO 8511 1 11	TORET 12	المحمد المحد	The state of the state of	WITCHT ON C	* DEGIT L.	H. TIOT	namens of
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VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

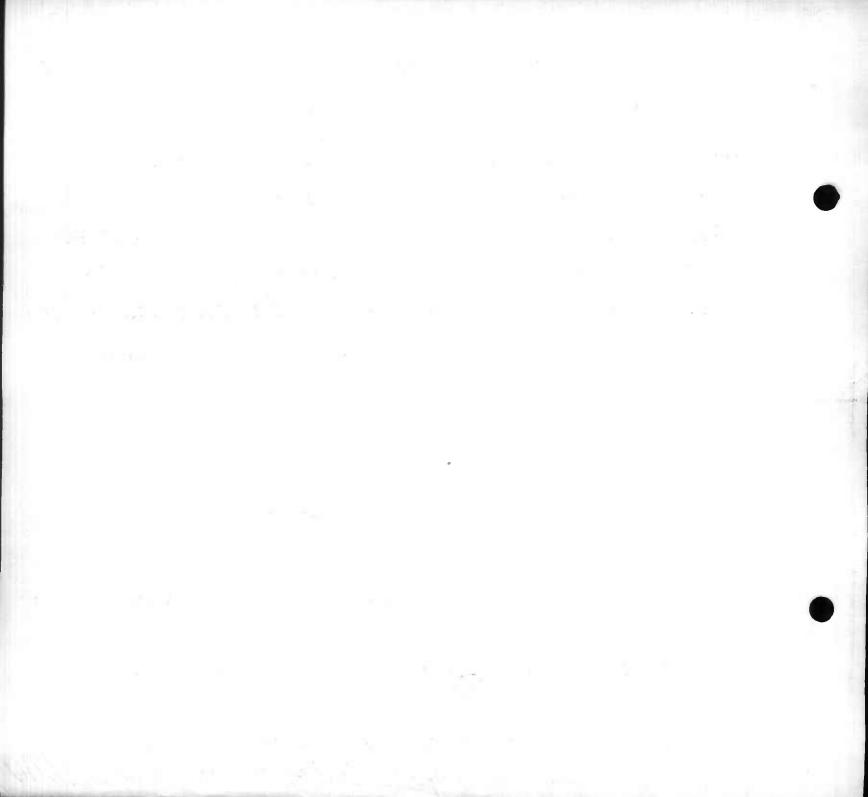


This certificate must be diproved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death, Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

H-462 69	BALTIMORE CIT	Y HEALTH DEPARTMENT	V					
BIRTH NO.	5908 CERTIFICA	TE OF DEATH	REG. No	69 5908				
(Type or Print)	ARS, HAYES	2. DATE AN	PM 6	2/19.11 / 11				
3. PLACE IN BALTIMORE, MARYLAND, WHERE	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD			n titution: residence before admission)				
FULL NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATION	ULL NAME OF (IF NOT IN HOSMTAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) SINGI MOSM FAL, BRUMMONE Md. 21215			PJ. Havre Pe				
1, 0				YES NO P				
a division of the				Rd.62-24				
5. SEX 6. RACE 7. M.	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yi. , If Under 24 His.				
WIE WIE	DOWED DIVORCED	1 2116 104	lost birthdoyl	Months Doys Hours Min.				
done dyring most of working life, even if retired	1	11. BIRTHPLACE (Stote or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY				
	schard Worker	1 Marolus	ت	USA				
13. EATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE					
15. Was Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	0 0	ADDRESS				
(Yes, no or unknown) (If yes, give wor or dotes of s	SECURITY NO.	Bon. Hallars	Eagellon (if mi				
18. / 4/ 2 0 1	CAUSE OF DEAT	H _	tarrelle	APPROXIMATE INTERVAL				
DISEASE OR CONDITION DIRECTL	.Y	0	0.	BETWEEN ONSET AND DEATH				
LEADING TO DEATH	(A)IMMEDIATE CA	nee Recymer	n larrot	rd				
(This does not meon the mode of dying heart toilure, osthenia, etc. II means the d injury or complication which caused death	g, e.g., DUE TO, OR AS	A CONSEQUENCE OF:	tun	rong				
ANTECEDENT CAUSES	ANTECEDENT CAUSES as above,							
DISEASES OR CONDITIONS, if any,	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR AS A CONSEQUENCE OF:							
rise to the obove cause (A) stating UNDERLYING CONDITION lost.	ng lhe (C)							
	\~[n====================================							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TER								
DISEASE OR CONDITION GIVEN IN PART 1 (A)		*********************		***********************************				
TO THE DEATH BUT NOT RELATED TO THE TER. DESIGN TO THE TER. DESI	Brain metagain	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?				
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., home, lorm, loctory, street, o etc.)	in or obout 21C. WHERE DID flice bidg., INJURY OCCUR?	(If In Boltimor	re City, give exoct location)				
OF INJURY (Month) (Doy) (Yeor) (Hou		21F. HOW DID INJU	JRY OCCUR?					
(APPROX.)	While At Work Not While At Work	e 🗆						
22. I certify that (1) (this hospital) atte	nded the deceased from	5 15 1	9.65 to	6 8 1969				
that (1) (we) lost sow the deceased all	ve on 5/8		-	nion death occurred on the date				
and hour and from the causes stated ab	ove. (1) (We) (dld) (did not)							
23A. SIGNATURE				23B, DATE SIGNED				
HOW STOWN ST	0 5	ending Med. S	Staff Phys.	618/69				
23 C. PHYSI CIAN'S NAME (Type)	OEGREE FILY	23D. ADDRESS	.,,					
24A4BURIAL CREMATION, 24B. DATE	DEGREE							
REMOVAL (Specify)	24C. NAME OF CEMETERY OF CR	240. 19	CATION (Ci	ty, town, or county! (Stotel				
25A DAYE RECID BY WAR 9/11/59	ingle Hely	Guyn Ffin	not that	e, Irla-				
1 / 10 0	NAME OF REGISTRAR	25C, EUNERAL DIRECTO	1 11	ADDRESS				
VS 150-REV. 1/1/68	en E. Marser M. O.	Januay tra 18	m, James	Oct Davis INOT				

	00 50	BALTIMORE CITY	HEALTH DEPARTMENT		0 5000		
	69 59 BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO.	9 5909		
	1. NAME OF DECEASED (Type or Print) Pfaff, Walte	r Melton.	2. DATE AN	D HOUR OF DEATH	510		
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUN CED DEAD	4. USUAL RESIDENCE (When	re deceased lived tf institu	tion: residence belore odmissian)		
	FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION)		Stuner City D. INSIDE (27-45 CITY LIMITS? SME NO []			
1	UNION MEMORIAL	LOS PITAL.	E. STREET AND NUMBER	es Ave.	70 NO		
	5. SEX 6. RACE 7. MARRI	D NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years If	Under 1 Yr., If Under 24 Hrs.		
	M · ω WIDOW	ED DIVORCED	1/25/25	lost birthdayl 44	onths Doys Hours Min.		
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND done during most of working life, even if felired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE State or fore		CITIZEN OF WHAT COUNTRY?		
	un derwrifer (bleepay)		maryland.		USA.		
	13. FATHER'S NAME		14. MOTHER MAIDEN NAM	ME			
	Walter M. Pfaff.		Amonda	Sales			
	15. Was Deceosed Ever in U. S. Armed Farces? (Yes, no at unknown) (If yes, give wor at dates of servic	1 6. SOCIAL SECURITY NO.	17. INFORMANT	-	ADDRESS		
-	UNK	UNK.	wite Norma	J. Pfaff.			
	18. 4/10/1	CAUSE OF DEATE	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			MI	a A		
- 11	(This does not mean the mode of dying, e.	g., (A) IMMEDIATE CAU	SE A CONSEQUENCE OF:	INIT	8 days		
	heart failure, asthenia, etc. It means the disea injury or camplication which caused death.)	se,		ASCVB	715.		
	ANTECEDENT CAUSES	(B)			V		
	DISEASES OR CONDITIONS, if any, givinse to the above cause (A) stating t	DUE TO, OR AS	A CONSEQUENCE OF:	**************************************	***************************************		
	UNDERLYING CONDITION lost	(C)			D ·#·		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	G A	Jø	***************************************			
	O THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19R. CONDITION FO WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1		20A. AUTOPSY? (Yes at No.	IN CERTIFYING CAUSES	INGS CONSIDERED		
	OR CONTRIBUTINO CAUSE OF DEATH (notify medical examined)	1 B. PLACE OF INJURY (e.g., ir ame, form, factory, street, aft tc.)	ar obout 21 C. WHERE DID		y, give exoct lacotion)		
	P OF INJURY	IE INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?			
		While At Wark Nark Not While At Wark			4		
	22. I certify that (1) (this haspital) attended	the deceased fram	5/30 1	9 <u>69</u> ta	6/7/19/9		
	that (1) (we) last saw the deceased alive an 6/7 19 65 and that in (my) (aur) opinion death accurred an the date						
	and haur and from the causes stated obave. (1) (Wg) (did) (did not) view the bady after death.						
	238. DAJE SIGNATURE						
	17mm /6.	Attending Med. Staff Director Phys. Direc					
	PAME (Type) 20 12 11 2	Lock	3D. ADDRESS	1-100	· Mas Quality		
2	24A. SURIAL CREMATION, 24B. DATE 24C.	NAME of CEMETERY OF CRE	UNION O		L HOSPITAL.		
	BURIAL 6/11/69	WOODLAWN	B.	4LTO, MP	wn, or county) (Stote)		
2		e OF REGISTRAR	25C. FUNERAL DIRECTOR	732	ADDRESS		
	VS 150-884 1/1/68 JUN 1 1 1969 Jak	BE. Jaben M.D.	JACOL, CEST	uswe 36 170	CHONCES / C.		
¥	** 100-16 TF 1F 1F VV						





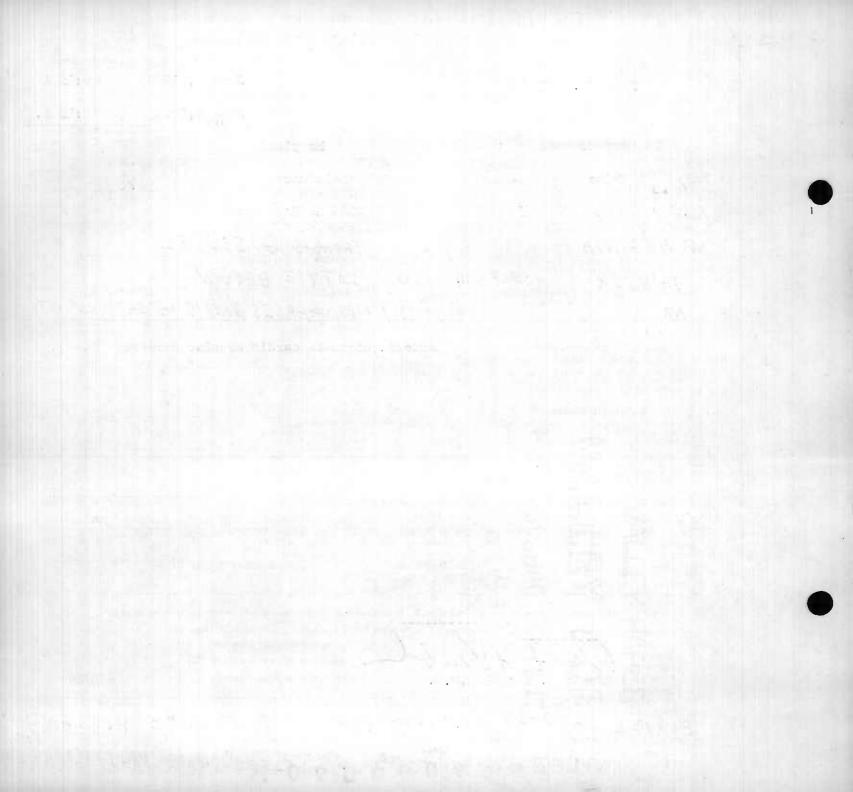
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69 5911 BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

69	5911
00	OUTT

BIRTH NO.	MITTER 5 CERT	IIICATE OF	DEATH R	EG. NO	
1. NAME OF DECEASED	2. DA		Month		eor Hour
(Type or Print) JOHN D. SINSEL	DE	ATH Estimoled	June 8,	1969	9:15 A
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE			Month	Day Y	eor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVEN SPITAL ADDRESS OR LOCATION)	VE STREET PRO	ONOUNCED DEAD	June 8,	1969	9:15 A.
OR INSTITUTION		UAL RESIDENCE (Where			ence before odmission)
2926 Harford Road	A. STA	Maryland		OUNTY	4-06
6. SEX 7. RACE B. MARRIED NEV		Y OR TOWN	D. I	NSIDE CITY LIM	IITS?
Male White WIDOWED	DIVORCED	Baltimore		YES 🔀	NO 🗌
9. DATE OF BIRTH 10. AGE (In years # Under 1 Y Months Doy Months	s . Hours . Min.	REET AND NUMBER			
MAY 7-1904 65	29	26 Harford R	oad		
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN		THER'S NAME	en 1 - 1 en 1		La Talk, W. J.
W. VIRGINIA 71.	S. A T	HOMAS G.	SINSE	= _	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINE	SS OR INDUSTRY 15. M	OTHER'S MAIDEN NAN	/E		
DAINTER SELFEMP	LOVED L	OTTIE RI	POWN		
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SC	OCIAL IB. IN	FORMANT		ADDRES	
(Yes, no or unknown) (If yes, give wor or dotes of service)	CURITY NO. 1-18-3367 ME	S. CHARLES	WARRIS	45 SA7	TURN CT.
19.	CAUSE OF DEATH	-1, 011/11/200	1001.1(15		APPROXIMATE INTERVAL
4/0,4	A 4- 1 1				BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Arterioscle	rotic cardio	vascular	disease	
(This does not mean the mode of dying, e.g.,	(A)IMMEDIATE CAUSE DUE TO, OR AS A CO	N SECULENCE OF			· man sub-construction and angle-construction construction construction angle (2) construction to the construction delicated angle angle construction
heort foilure, osthenio, etc. It meons the diseose, Injury or complication which coused death.)	DUE 10, OK AS A CO	INSERBEINGE OF.			
ANTECEDENT CAUSES	(B)				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO, OR AS A CO	UNSEQUENCE OF:			
UNDERLYING CONDITION LAST.	(C)				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20 A. DATE OF OPERATION 20B. CONDITION FOR WHICH					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL					
DISEASE OR CONDITION GIVEN IN PART 1 (A).					
20 A. DATE OF OPERATION 20B. CONDITION FOR WHICH	OPERATION WAS PER	FORMED		21.	AUTOPSY? (Yes or No)
					no
¥ 22A. EXTERNAL CAUSE WAS 22B.PLACE home, farm,	OF INJURY (e.g., in or obsectory, street, office bldg.,	oout 22C. WHERE DID (etc.) INJURY OCCUR?	If in Boltimore Cit	y, give exoct local	tion)
UTING CAUSE OF DEATH.					
OF INTITION	JRY OCCURRED	22F. HOW DID INJ	URY OCCUR?		
(APPROX.) WHILE AT WORK	NOT WHILE				
23. I certify that I held on Inquiry Insp	A		in basis das	sh i= = ==i=1	
	Autopsy				Oli
resulted from: Natural couses X Accider	sujeide		Jndetermined	monner 🔲	
ACTUAL 1 10 0 0 1/1	18	CHIEF MEDICAL E			DATE SIGNED
SIGNATURE MULLING	M.D.	ASSISTANT MEDICAL E	XAMINER X		
EXAMINER'S Ronald N. Kornblum, M	.D.	ASSOCIATE MEDICAL E	XAMINER		6/9/69
24A. BURIAL CREMATION, 24B. DATE 24C. NAM	ME of CEMETERY or CRE	MATORY 24D. I	OCATION	(City, town, or co	ounty) (State)
REMOVAL (Specify) 6-10-69 MEV	VCATHEDA	41 84	17/11	DE M	4 PVI AND
DUKIAL DENT OF NAME OF DE	CISTRAD	25C. FUNERAL DIRECTO	- 1//VIU	ADDRES	11/1 -11/1
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF RE	OISTRAK	25C. PUINEKAL DIRECTO	,)	ADDRES	3/
11IN 1 1 1969 June 2 Ex	Jarber M.D.	WALTERS ED	NZHON	1E PRA	17+STRICK
VS 151-REV, 1/1/6B	- G - 1 - 1	1 9 0			



VS 150-REV. 1/1/68



VS 150-REV. 1/1/6B

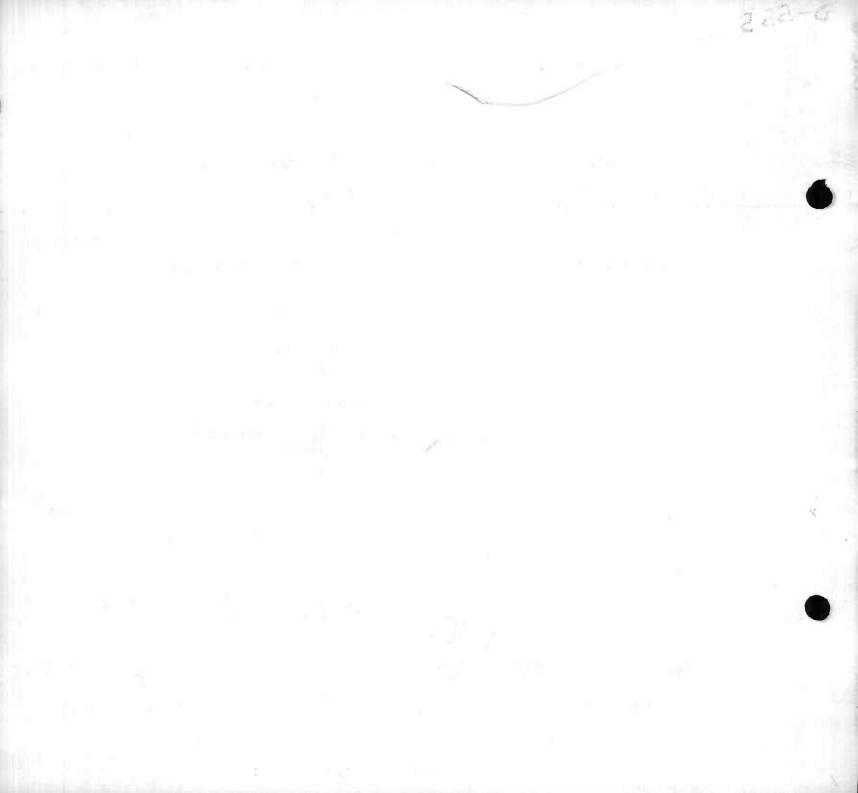
69	SON BALTIMORE CIT	Y HEALTH DEPARTMENT	69 5913
BIRTH NO.	5913 CERTIFICA	ATE OF DEATH REG. NO.	- 0010
NAME OF DECEASED Type or Will IN NIE	TRACOY	2. DATE AND HOUR OF DEA	TH Son A
3. PLACE IN BALTIMORE, MARYLAND, WH	ERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, I A. STATE B. COUNTY	If institution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL	L OR INSTITUTION, GIVE STREET	mo	25-72
NSTITUTION ADDRESS OF LOCAT	in the	C. CITY OR TOWN	NSIDE CITY LIMITS?
33m & Calour	35.	E. STREET AND NUMBER	M .
1821/0 (8)		2536 JOGTIKAGI	
SEX PZ 6. RACE W	MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 10129 86 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr. Months Doys Min.
A. USUAL OCCUPATION (Give kind of work) one during most of working life, even if retired) Housewife	OB. KIND OF BUSINESS OR INDUSTR	Falto. Co. Md.	12. CHIZEN OF WHAT COUNTR
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	UDE
Joshua Hale		Laura Alban	
. Was Deceased Ever in U. S. Armed Force es, no or unknown) (If yes, give wor or dotes	of service) 1 6. SOCIAL SECURITY NO.		6 Southdene Ave.
NO	212-56-3087	Mrs. Elsie Brand	Baltimore, Md.
(This does not meen the made of cheart failure, asthenia, etc. It means to injury ar camplication which coused of ANTECEDENT CAUSES DISEASES OR CONDITIONS, if or rise to the above cause (A) at UNDERLYING CONDITION lost.	he diseose, leath.) (8) DUE TO, OR A	A CONSEQUENCE OF:	#
TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19A. DATE OF OPERATION 198. COND	TERMINAL 1 (A).	20A. AUTOPSY (Yes) or Nol 20B. IF YES, WE	RE FINDINGS CONSIDERED
19A. DATE OF OPERATION 19B. COND WAS PERFO		IN CERTIFYING	CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218, PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21 C. WHERE DID (If in Bolti office bldg., INJURY OCCUR?	imore City, give exact location)
	(Hour) 21E, INJURY OCCURRED While At Not Wh Work At Work		610
22. I certify that (I) (this hospital) that (I) (we) lost sow the deceased and hour and from the causes state 23A/SIGNATURE	olive on 6/9'		opinion death occurred on the do
Jul-sen	DEGREE Ph	rending Med. Staff Phys.	235,0712 30125
23C. PHYSICIAN'S NAME (Typy) A. RING	TIRO	Claim Meum al too	p. balls. ho
4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF C		(City, town, or county) (Stote)
	1969 Mt. Zion Ceme		Balto. Co.
5A. DATE REC'D BYTHEALTH PERSON 2	SE NAME OF REGISTRAS	25C FUNERAL DIRECTOR	1 Home Hampstead, M

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FUNERAL

VS 150-REV. 1/1/68

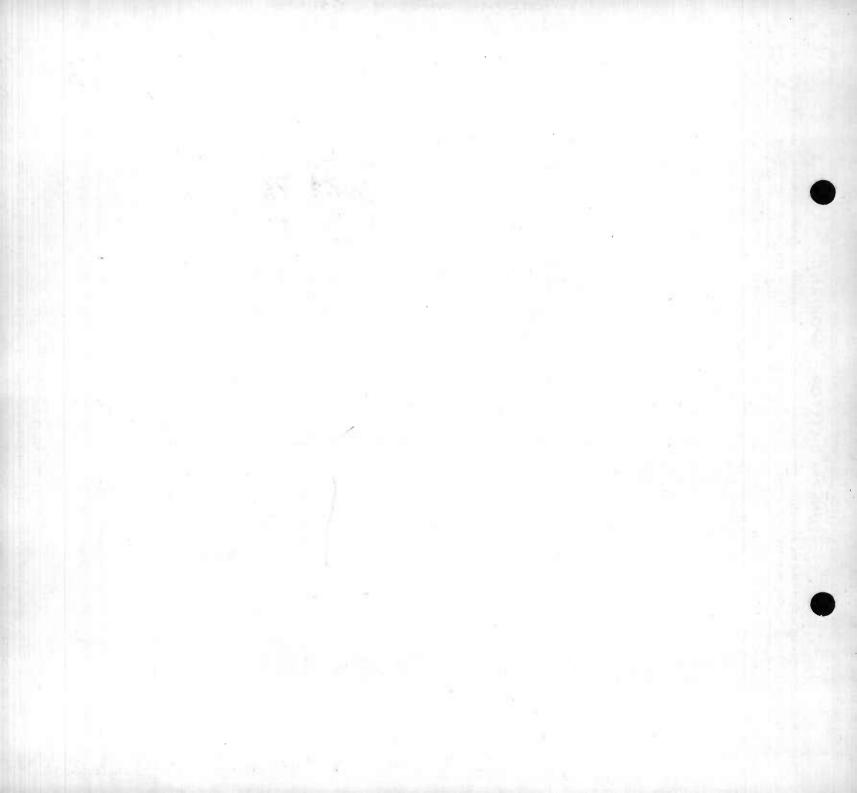


Deceased of death I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH LOUISE TRUSZKOWSKI (Type or Print) 4. USUAL RESIDENCE (Where deceosed lived, if institution: residence before admission)
A. STATE
B. COUNTY ath. D. INSIDE CITY LIMITS? YES L NO S. WASHINGTON SF If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min, Hours 12. CITIZEN OF WHAT COUNTRY? FRAOZKIERWICZ APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) 19 69 and that in (mx) (aur) apinian death occurred an the date the body was released 23B. DATE SIGNED (City, town, or county) shows: (1) MOS ADDRESS

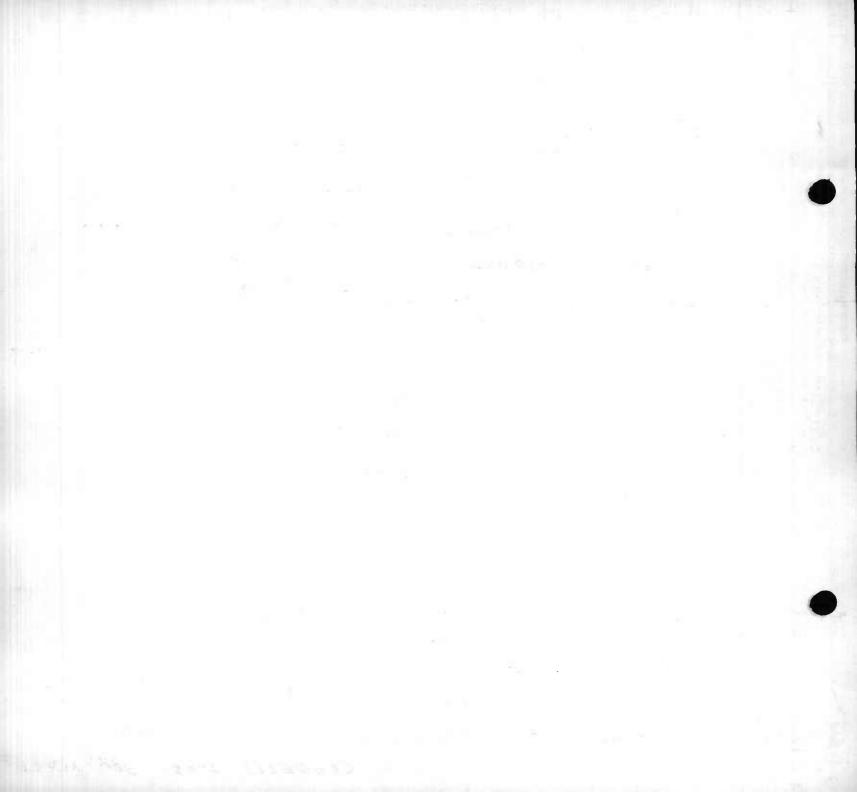
BIRTH NO.

CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT REG. NO.



54		BIRTH NO. 69 5916 CERTIFICATE OF DEATH REG. NO. 69 5916
	pital and of death Deceased e on the ath. Such	1. NAME OF DECEASED WRZESINSKI, DORIS 2. DATE AND HOUR OF DEATH (Type or Print) Wrzesinski, Doris 2. Date and Hour of Death (1) AM
	a in a nos ing cause cause; (5) attendanc rior to dec	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY MARYLAND BALTIMORE C. CITY OR TOWN BALTIMORE BALTIMORE, MARYLAND 21224 BALTIMORE, MARYLAND 21224 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND BALTIMORE C. CITY OR TOWN F. STREET AND NUMBER 931 HOMBERG AVENUE 21221
	- 300 0	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Doys Hours Min.
	control representation of the contro	FEMALE WHITE WIDOWED DIVORCED 7-21-26 42 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) done during most of working life, even if retired) WEST VIRGINIA U.S.A.
L	ssistant if deatl the direct or kind; (4) Unde death was in nce on the de	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 7.
TAN		15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 28 16 4078 17. INFORMANT BCH RECORDS—4940 EASTERN AVENUE BALTIMORE, MARYLAND 21224
AL DIRECTOR: IMPORT,	medical examiner or his as medical examiner. Also, if burns; (3) A fracture of any physician who pronounced an was in regular attenda remains are embalmed or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) sloting the UNDERLYING CONDITION lost. (A) IMMEDIATE CAUSE SCL bayach world temotr long. (B) Little To, OR AS A CONSEQUENCE OF: (B) Little To, OR AS A CONSEQUENCE OF: (C) Amti consideration. (C) Amti consideration.
FUNER	chief y a l Body the nysici	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID INJURY OCCUR? 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID INJURY OCCUR?
	red by the hospital b nature; (2) apt where I (6) No pt inned beforen	OR CONTRIBUTING CAUSE OF home, torm, foctory, street, office bldg., INJURY OCCUR? 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED While At Work At Work
	t be approved to the feat to the feat of any nespital (exceedth); and ust be obtained.	22. I certify that (I) (this hospital) attended the deceased from 5/2 19 69 to 5/7 19 69 and that in (my) (aur) apinian death accurred an the dat and hour and from the causes stated abave. (IV (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Med. Staff
	certificate mus sody was relea rs: (1) An accide D.O.A. at a hos assed prior to d	23C. PHYSICIAN'S NAME (Type) While Au W. Brockwall OEGREE 23D. ADDRESS BALTIMORE, MD. 21224 Balt. City Graph Control OEGREE 24A. BURIAL CREMATION, [24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	his how how as	REMOVAL (Specify) BURIAL 6/11/69 BALTO, NATL BALTO, MO. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25G-FUNERAL DIRECTOR ADDRESS
	₹ 5 3 5 3	VS 150-REV. 1/1/68 VS 150-REV. 1/1/68



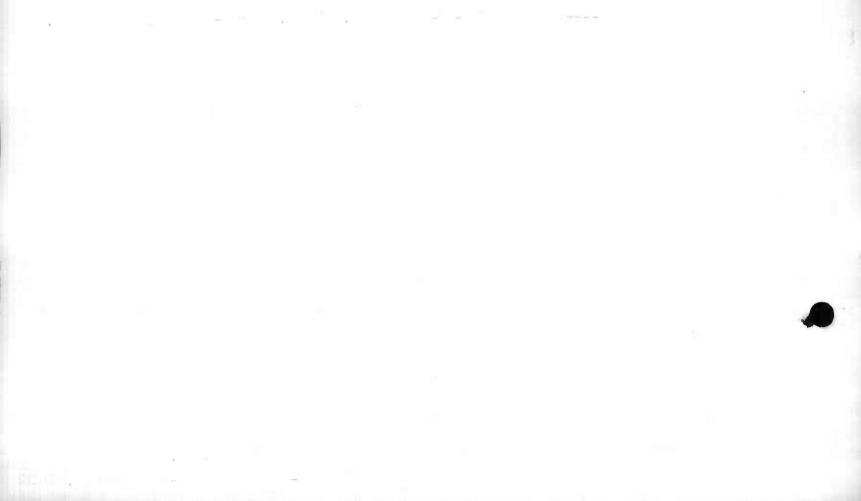
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Cumberiand, Let.



K	M- TOO			69	5918	PALII			DEPARTMENT				LO
	2004	BII	TH NO.		3010	CER	TIFICA	TE OI	F DEATH	REG.	NO		
	death death eased n the	1.1	AME OF DECI	ASED						AND HOUR OF			7
			ME	Coy, L	EROY				RESIDENCE (WI	me: 4	1969	19	PN
	Dec dita	3.	PLACE IN BALT	IMORE MARYLAND,	WHERE FRONO	UNCED DEAL		4. USUAI	RESIDENCE (WI	nere deceased li	ved. If institution	nt residence be	fore admission)
	hospital ise of c (5) Dece ance or death.	E	LL NAME OF SPITAL OR STITUTION	ADDRESS OR LO	PITAL OR INSTIT	UTION, GIVE	STREET		ARYLAS		10	0-02	2
	a hosese; (5)		STITUTION					C. CITY O	RIOWN		D. INSIDE CI	-	
	c _ D + L		he Jo	has Hopk	inc Ho	SPITAL	~	150	AND NUMBER	id.	YES	NO NO	
	ting d ca d ca d ca prio		33	,		Ą		The same of the sa	ALTO,		1225	Madie	00 5-1
	but hed lar	5.	EX	6. RACE	7. MARRIED	NEVER M	A DDICE C	8. DATE O					
2	occurribu ermine regula eased is mad] :	Male	Negro	WIDOWED		ORCED	6-11		9. AGE (In ye	57 Mon	nder 1 Yı. if	Under 24 His.
	re r	10/	USUAL OCCU	PATION (Give kind of w	vork 108, KIND O			11. BIRTH	LACE (Stole or fo	reign country)	112.	CITIZEN OF W	HAT COUNTRY
4	i 는 라 i	dor	Labore:	orking life, even if relired	d)				rth Caro				
٥	de Constitution de Constituti de Constitution de Constitution de Constitution de Constitution	13.	FATHER'S NAM	\E					ER'S MAIDEN N			U S	A
	rect (4) U (4) U wa rhe ispos		Matthe	w McCoy					ellye	Smith			
; z	ind; (eath	15.	Was Deceased	Ever in U. S. Armed	Forces?	1 6. SOCIAL		17. INFOR		Om Cir		1 2221	
RETANT	sto lea lea lea	(Ye	s, no or unknawn)	(If yes, give wor ar d	ates of service)	SECURIT	NO.			20.00	2	ADDRESS	
-	f they kind do	-	10)	- 1			7-8429	1	s Myrtle	McCoy	1525	Barcl	
KORNBLUM, M.E.	o de o		18.	OR CONDITION	Discour	CAUSE	OF DEATH	1	1)	1	, //		ATE INTERVAL USET AND DEATH
3 2	lso of of ot ot ed		DISEASI	EADING TO DEAT	H				(anden 1	0018106/1	7/1	A	
<u>m</u>	miner or fracture o prono gular at		(This does no	t mean the mode istherio, etc. It mea	al dying, e.g.,		MEDIATE CAU	A CONSEQU	JENCE OF:	s s s	gines		
N N	ner. Ictu Pro lar		injury or comp	licalian which caus	ed death.)		5	_	11/				
X 5	from on the		Α	NTECEDENT CAUS	ES	(B)	m	when	while Ch	of the	ng		
. 2	X A A A Wh	1	DISEASES OF	above couse (A	l ony, giving	DU	E TO, OR AS	A'CONSEQ	UENCE OF:	/	0		
DR. KORN DIRECTOR:	ale (3) an in		UNDERLYING	CONDITION last	u slaing ine	(c)				U			
Ы				11									
A A	f medica medica burns; physici an was	CERTIFICATION	OTHER SIGNIFIC	ANT CONDITIONS C	ONTRIBUTING								
a K	Y E Y G is a	S	DISEASE OR CC	OPERATION THE TOPE CO	ART 1 (A).	WHICH OPER	TION	120 A A I	JTOPSY? IYes ar N	1-1 200 IF V-0			
NON-MED FUNER	chi Boc Boc the the ysi	RTIF		WAS P	ERFORMED	THE OTER	VIII VIII		Morall hea di i	IN CERTIFY	WERE FINDIN	F DEATH?	ED
	E -	ü	21 A. A CCIDEN	T WAS UNDERLYING	218	PLACE OF IN	URY (e.g., in	ar obout 2	1C. WHERE DID	(If In	Baltimore City,	give exact lacat	tion)
S N		CAL	DEATH (natify	medical examiner	etc.	e, torm, tactor	ry, street, att	ice bldg., II	NJURY OCCUR?				
S	- M - C A		21 D. TIME OF INJURY	(Month) (Doy) (Yea	oil (Hour) 21E.	INJURY OCC	URRED	2	IF. HOW DID IN	JURY OCCUR?			
A	hospito nature; ept wh d (6) Nained b	\$	IAPPROXI		Whi	ile At	Nat While At Wark		, ,				
El C	Seyxed		22. 1 certify t	hat (1) (this hospit				-17	14	19 69 to_	6/	/	169
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RELEAS	st be al ased to lent of ospital death) nust be			from the causes st			(did ===)				or) opinian a	earn accurre	a an the date
	ident of hospital hospital of death)		23A. SIGNATUR	0.0	0 ()	Charles	(010 11017 41	ew the bo	dy differ dedin.		23 B. D	ATE SIGNED	/
2	20.5 5 6		()	Killis K	. Kei	d	Dh	ding [Med.	Staff Phys.	/	101	-0
	0 2 2 2 5		23C. PHYSICIAN NAME (Tyr	rs		` `	DEGREE	3D. ADDRE	/	2//	1 1 4	15/6	7
	ifficate y was r 1) An a 3.A at o d prior approv		HANE III	PHTITP	K. F	EID			John	us ato	nneus		
	*	244	BURIAL CREM	ATION, 248 DATE	24C. N	AME of CEME	TERY of CRES	MATORY	24D. 1	LOCATION	(City, town	, or county)	(State)
	This cert the body shows: (1 was D.O decease		Burial	6/10	160	364				AA	Count	y Md	
	This cer the bod shows: was D.(decease	25A	DATE REC'D	THE NETH DEPTION	258 NAME C	F REGISTRAR	Lvary	25C, FU	NELT PRECTO	45 d 120	6 W N	orthode	se .
	まればから		17	2011-1 130	الما الما الما الما	G. 49.6	en, ALD.	O AS	dia 12 C	sau 120	O 11 11		
		VS	150-REV. 1/1/61			- 1		4-1					

69 5920

BALTIMORE CITY HEALTH DEPARTMENT

69 5920

MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH,

BIRTH NO.	REG. NO.									
1. NAME OF DECEASED (Type or Print) EDANGE OF DAY	2. DATE Knawn Month Day Year Hour									
FRANCIS DAY	DEATH Estimoted June /, 1969 11:25 A _{M.}									
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD Type 7 1060 Hour									
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	Julie 7,1909 11:25 A.									
1628 E. Pratt Street	S. USUAL RESIDENCE (Where deceosed lived. If Institution: residence before admission) A. STATE Moseral and B. COUNTY									
	Maryland 5.01									
6. SEX 7. RACE 8. MARRIED NEVER MARRIED NEVER MARRIED 1	C. CITY OR TOWN D. INSIDE CITY LIMITS?									
WIDOWED DIVORCED	Baltimore YES NO									
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.										
1/9/29	131 N. Aisquith Street									
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME									
Maryland WHAT COUNTRY?	Ely Day									
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR' done during most of working life, even if retired)	Y 15. MOTHER'S MAIDEN NAME									
Unemployed	Matilda									
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	18. INFORMANT ADDRESS									
	Mrs Inell Day 919Duncan St									
19. 7 4 4 CAUSE OF DEA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH									
DISEASE OR CONDITION DIRECTLY Intra-A	Atrial Septal Defect									
LEADING TO DEATH										
	AS A CONSEQUENCE OF:									
injury or complication which coused death.)										
ANTECEDENT CAUSES (9)	ANYECEPPAN CAUCEC									
DISEASES OR CONDITIONS, IF ANY, GIVING (B) DUE TO, OR	AS A CONSEQUENCE OF:									
UNDERLYING CONDITION LAST										
(c)										
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING										
TO THE DEATH BUT NOT RELATED TO THE TERMINAL										
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No.)									
Ö 🤿	21. AUTOF 317 (100 of 100)									
✓ 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY(e.g.,	in or obout 22C. WHERE DID (If in Boltimore City, give exact location)									
UNDERLYING OR CONTRIB-	the bldg., etc.) INJURY OCCUR?									
	225 HOWDID INTHINY OCCUPY									
OF INJURY	22F. HOW DID INJURY OCCUR?									
m. WORK AT W	(APPROX.) m. WHILE AT WORK AT WORK									
23.	VORK									
I certify that I held an Inquiry Inspection Autapsy and that an this basis, death In my aplnian										
	and that an this basis, death In my aplnian									
resulted from: Natural causes X Accident Suicic	and that an this basis, death In my apInian de Homicide Undetermined manner									
resulted from: Natural causes X Accident Suicio	de Homicide Undetermined manner DATE SIGNED									
	de Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER									
ACTUAL SIGNATURE EXAMINER'S RUSSE11 S. Fisher, M.D.	de Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER									
ACTUAL SIGNATURE EXAMINER'S RUSSell S. Fisher, M.D. NAME (Type) Resulted from: Natural causes X Accident Suicid Suicid M.D. Suicid M.D. M.D.	de									
resulted from: Natural causes X Accident Suicident Suicident Suicident Signature EXAMINER'S Russell S. Fisher, M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	de									
ACTUAL SIGNATURE EXAMINER'S RUSSell S. Fisher, M.D. ALCIVAL SIGNATURE EXAMINER'S RUSSell S. Fisher, M.D. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY AUDI:	and that an this basis, death In my aplnian de									
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U S A Ely Day

Matilda

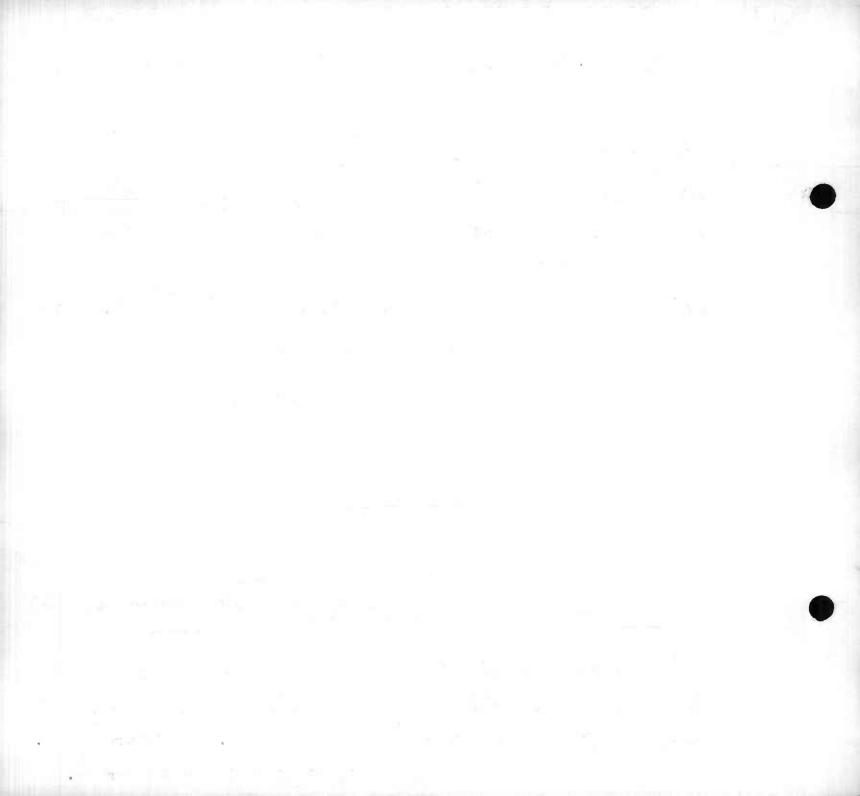
Mrs Inell Day 919Duncan

Burial 6/12/69 #soxxocoperpyc.compensionalconforcements

Adolphus Haletsad 120

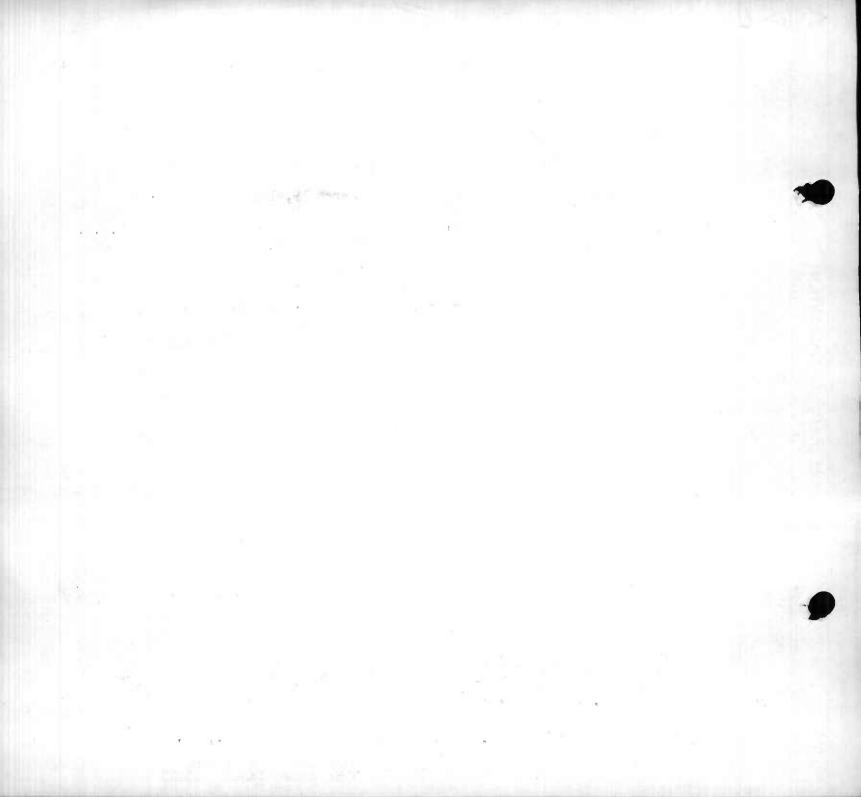
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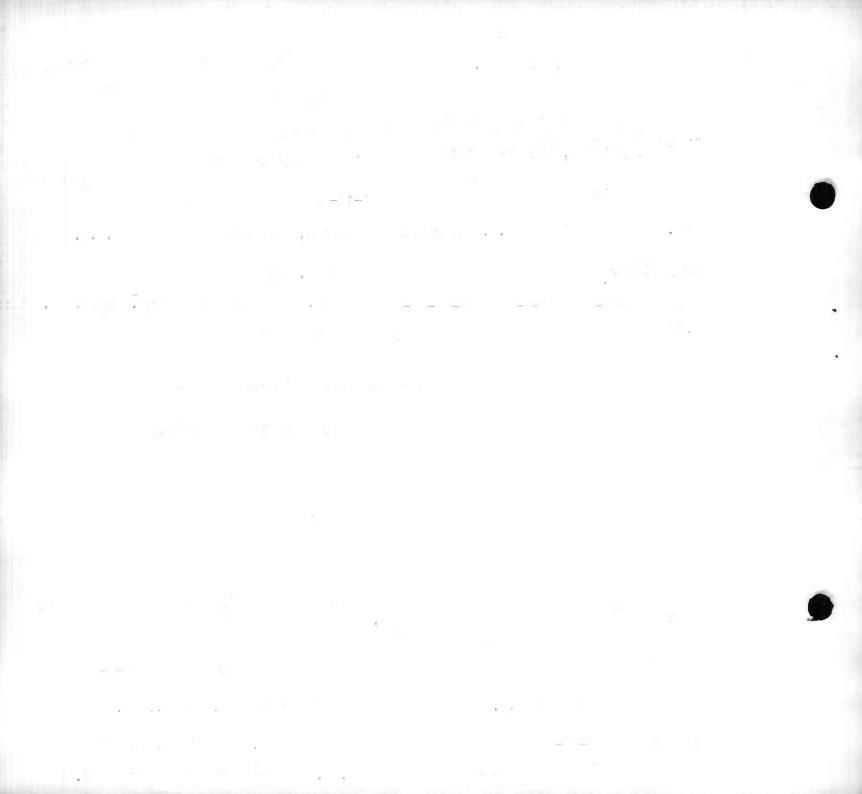


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rouse; (5) Deceosed eoth. ottendonce prior disposition final obtoined prior eceased the body o shows: 0 5 Schimmek Funeral Home 3 70 VS 150-REV. 1/1/6B



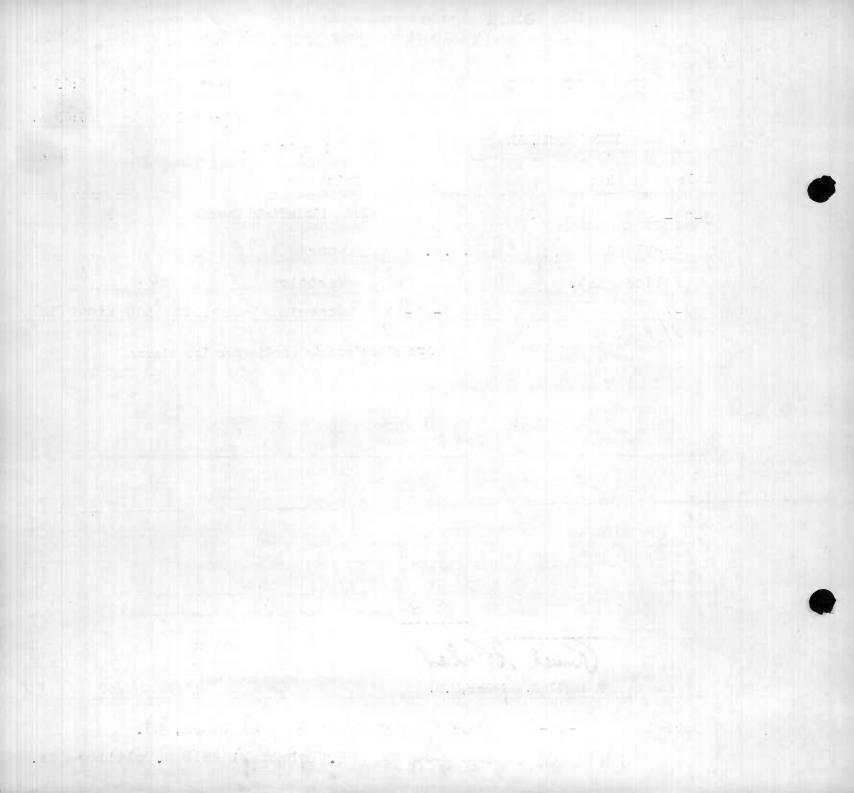
BALTIMORE CITY HEALTH DEPARTMENT



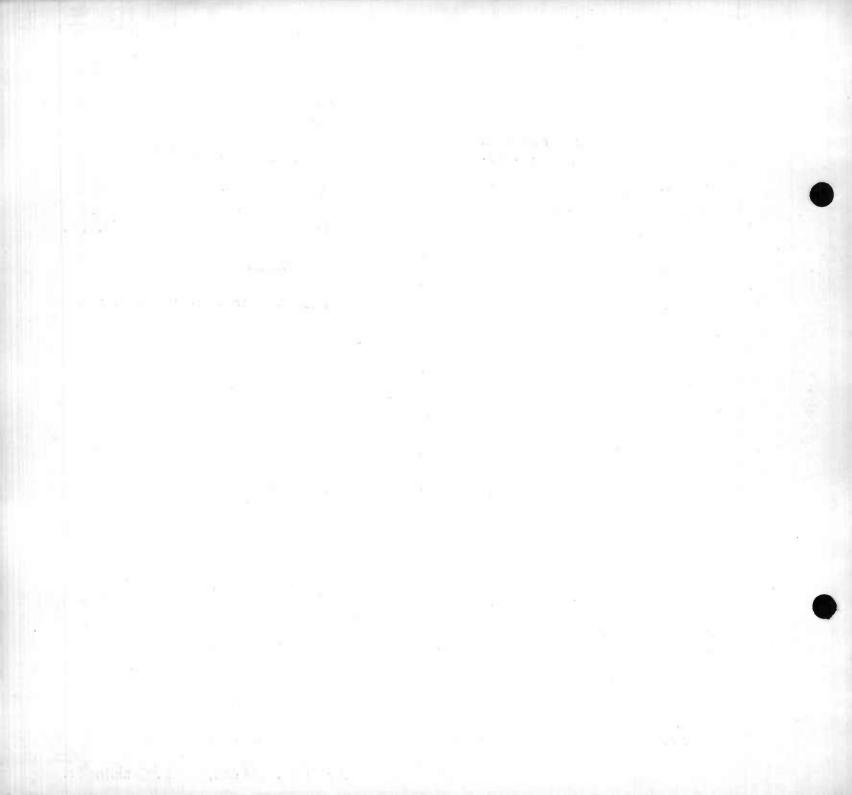
69 5924 BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.				XAMINER'S			F DEATH	REG. NO	6	9 59	24		
NAME OF DE		1/71/0=0			2. DATE OF	Knawn 🗆	Manth	Day 9 106		ear Haur	Α		
		MINDERI			DEATH	Estimoted _		8,196			A . M.		
4. PLACE IN BAI FULL NAME OF HOSPITAL				OUNCED DEAD ION, GIVE STREET	3. DATE PRONO	UNCED DEAD	June	8,1969		6:45	A . M.		
JOHNS	HOPKINS				A. STATE	esidence (who Maryland		ed. If Institution	on: reside	26 - W	ssian)		
S. SEX	7. RACE	8	MARRIED	NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?								
Male	White		WIDOWED		Balt	imore			YES X	NO 🗌			
DATE OF BIRT	Н	10. AGE (In y last birthday)	ears If U	nder 1 Yr. If Under 24 Hrs. ths; Doys; Hours; Min.		AND NUMBER				NO L			
3-31-19	15		4			Plainfie	ld Avenu	e					
1. BIRTHPLACE (State ar fareign	cauntry)		CITIZEN OF WHAT COUNTRY?	13. FATHER	SNAME							
Mary	JPATION (Give	kind of work 14		U.S.A. BUSINESS OR INDUSTR		nrad R'S MAIDEN NA	AME						
ane during most of Pol 1	ce Ret					ronica							
6. WAS DECEAS				17. SOCIAL SECURITY NO.	18. INFOR				ADDRES				
WW-2				213-03-176	68 Cat	herin M	inderl	ein 5	510	Plainf			
19. ///	2 46			CAUSE OF DEA	TH					APPROXIMATE II			
DISEAS	E OR CONDI	TION DIRECT	LY	Arterio	occlore	tio condi	00	on dia	0000				
LEADING TO DEATH (A)IMMEDIATE CAUSE													
heart failure	nat mean the r e, asthenia, etc. mplication which	It means the d	isease,		AS A CONSEC	UENCE OF:		an chip amagin aranga kiji diga dan garaga ana garaga ana ara					
DISEASES RISE TO TH UNDERLYI	NTECEDENT OF OR CONDITION E ABOVE CAU NG CONDITION	NS, IF ANY, O	GIVING NG THE	(B) DUE TO, OR	AS A CONSE	QUENCE OF:			is not: the named a Charles do not not not be not do not not not not not not not not not no				
O TO THE DE	NIFICANT CON ATH BUT NOT R CONDITION (RELATED TO TH	E TERMINAL	;									
DISEASE OF	F OPERATION	20B. COND	ITION FOR	WHICH OPERATION W	AS PERFORA	NED			21, A	no no	ar Na)		
UNDERLYING	NAL CAUSE VENAL CAUSE VENAL CAUSE OF DEAT	RIB-	22B. hom	PLACE OF INJURY (e.g., e, farm, factary, street, affic	in or about 2 te bldg., etc.)	22C. WHERE DIE NJURY OCCUR?	(If in Boltimar	e City, give e	xact lacat	tian)			
22D. TIME OF INJURY	(Manth) (Do			WHILE AT NOT	WHILE	2F. HOW DID I	NJURY OCCU	R?		= 0.1			
(APPROX.)			m.		VORK								
23. I cer	tify that I he	eld on Inq	uiry 🗌	Inspection X Au	itopsy 🗌	ond that on	this bosis,	deoth in m	y opini	on			
resul	ted from: No	turol couse	s X	ccident Suicie	de 🗌 H	omicide 🗌	Undetermin	ed monner					
		0	0	101		CHIEF MEDICAL	EXAMINER	x					
ACTUAL	1 /	Cursoll	100	Tistre M.	ASS	STANT MEDICA	LEXAMINER			DATE SIG	MED		
SIGNAT	~	O TOTAL (M.L		CIATE MEDICA	FXAMINER						
NAME (Type) Rus	ssell S	. Fish	er,M.D.	7330	WALL INFORM	ELM STATE OF THE S		6/8	/69			
24A. BURIAL CRE REMOVAL (Spec	MATION, 24	B. DATE	2.	4C. NAME of CEMETERY	or CREMATO	ORY 241	LOCATION	(City, to	wn, or co	ounty) (Ste	ite)		
Burial		6-12-6		Sacred Hear	t Ceme	tery E	altimo	re, M	ADDRES	55			
AUA, DATE REG D	HIN 1	1 1969		E Farber M.D		Dabrow		18 E.			St.		

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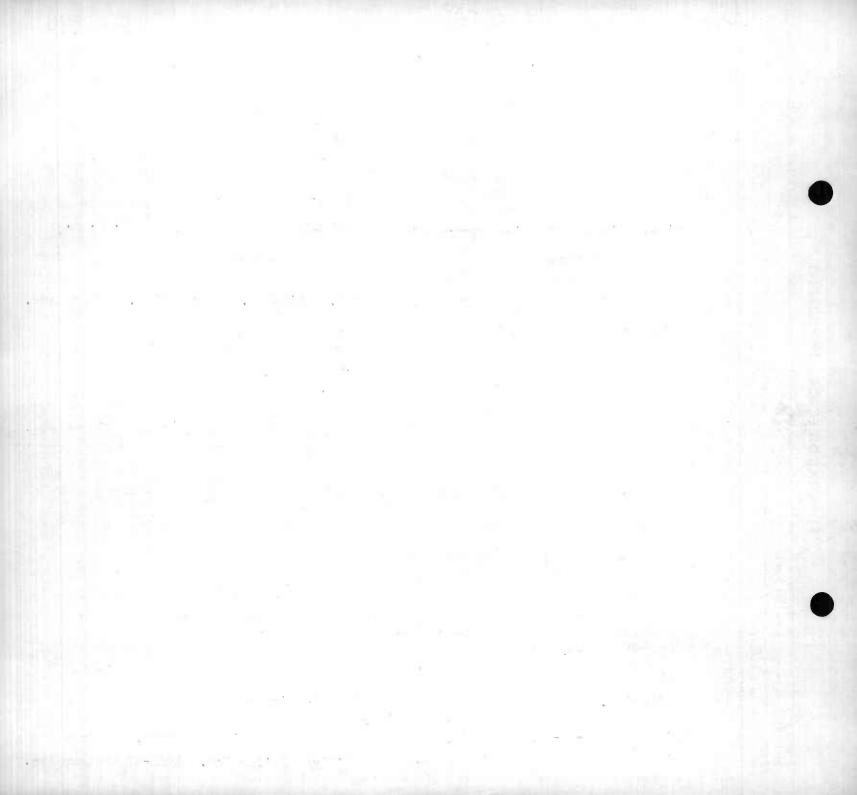
BALTIMORE CITY HEALTH DEPARTMENT

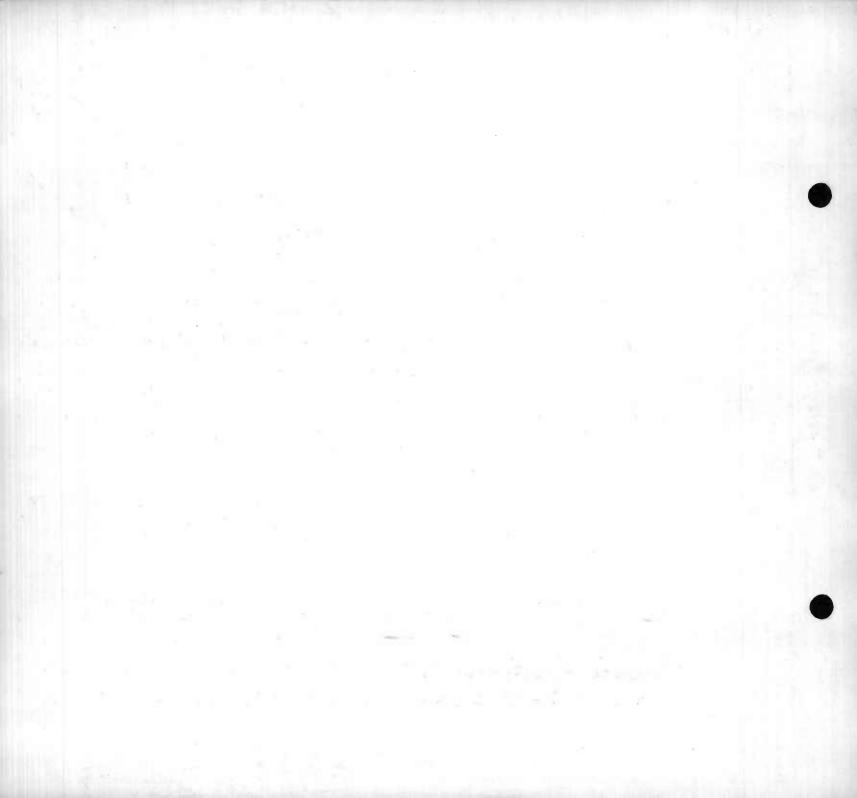


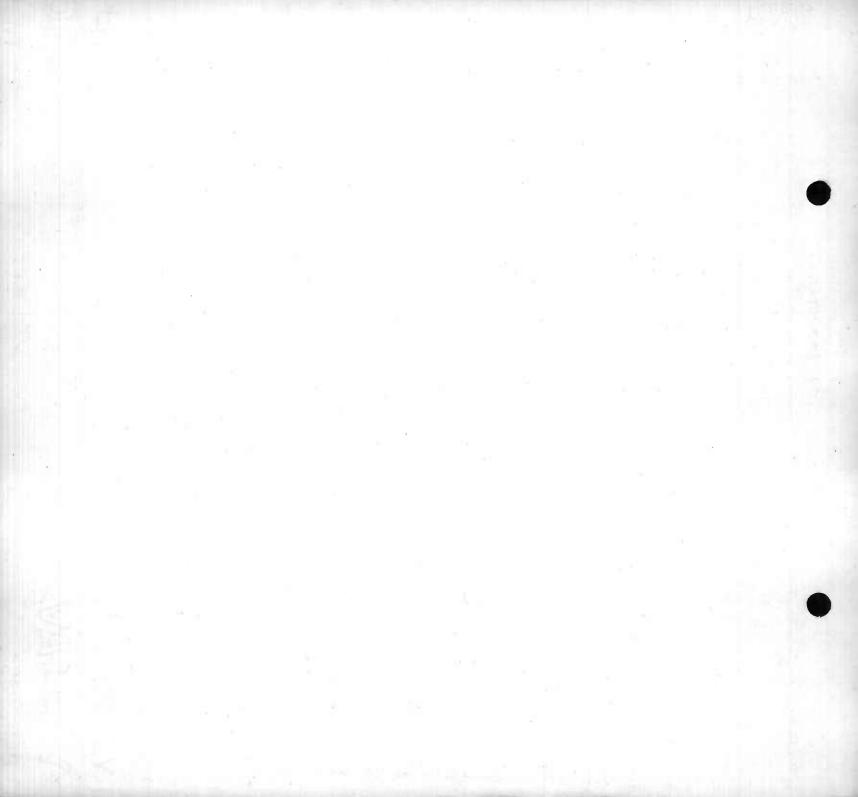
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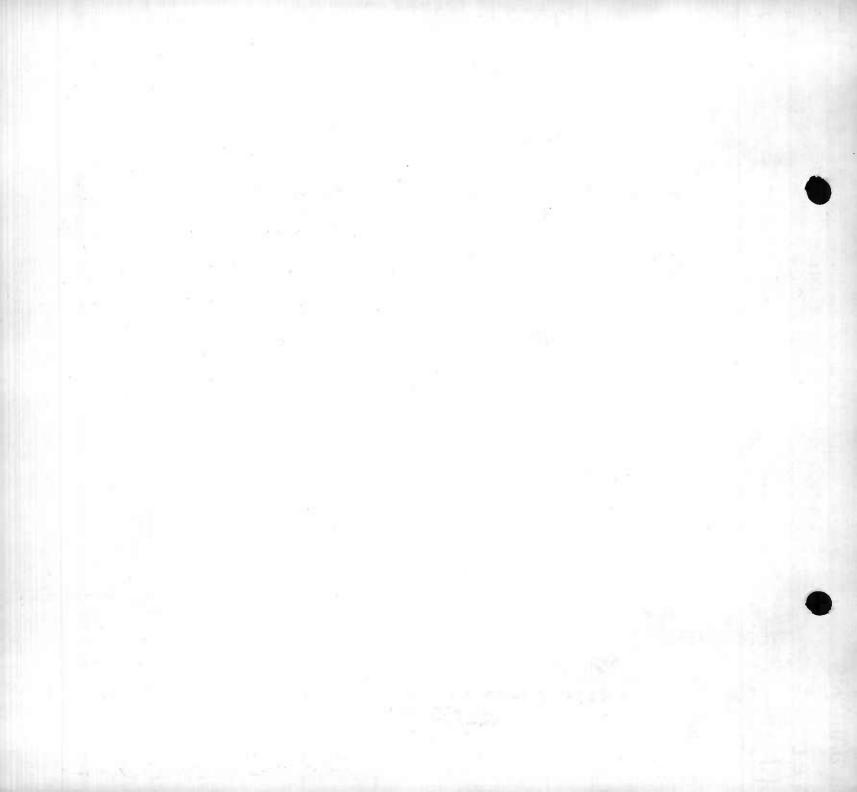
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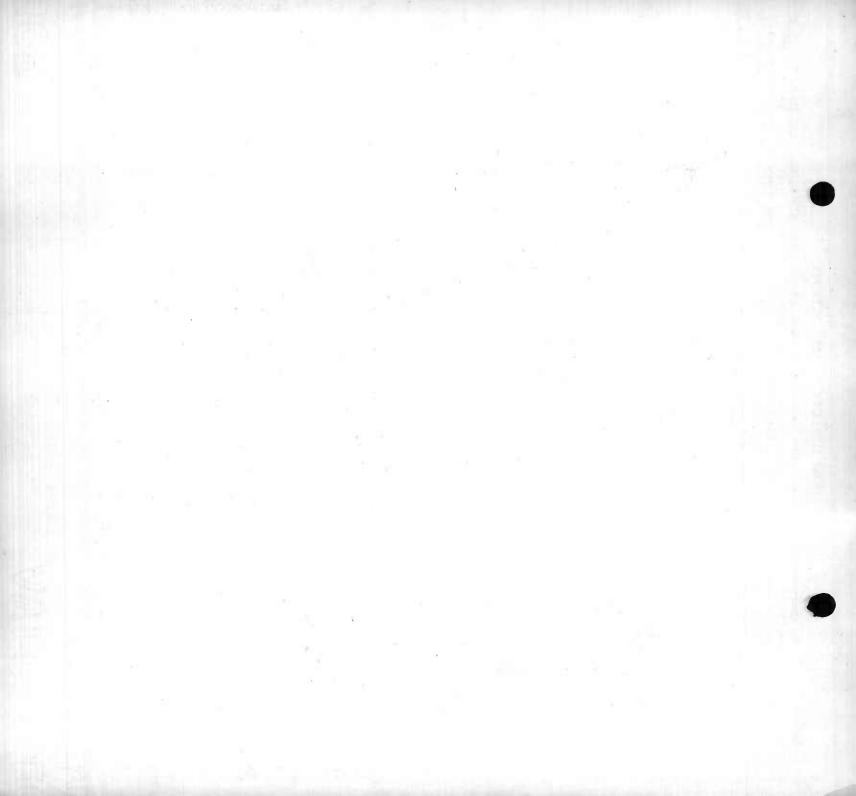
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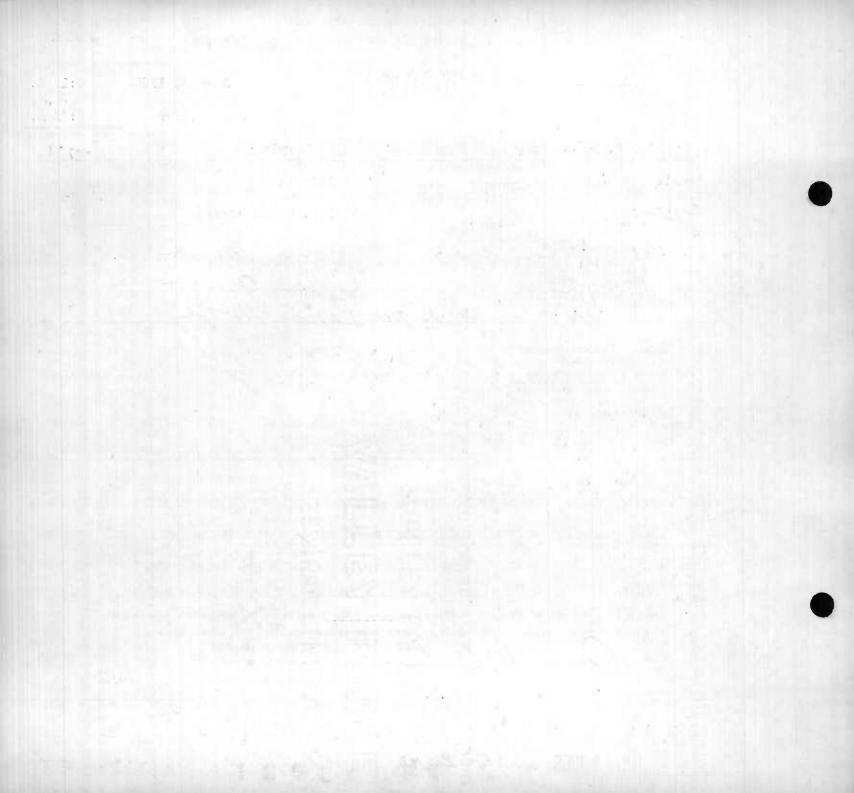






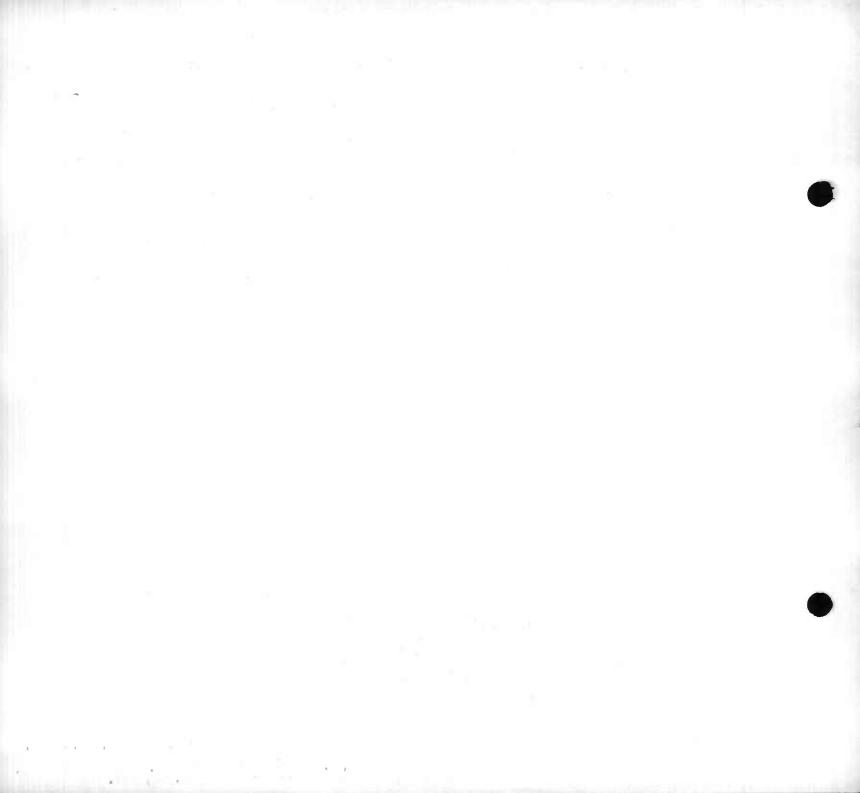
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BI	RTH NO.		WED	ICAL	. EAAMI	INEK 3 C	EKIII	ICATE OF	DEAT	REG. NO.	_			
1.	NAME OF DEC	EASED	1	1	= WILMA	MINORE	2 DATE	Known 🗌	Month	Doy	Yeor	Hour	_	
(Ту	pe or Print)	LICE WA		4410		ALKER	DEATH	Estimoted	June	e 6, 19	59	6:45	A . M	
4.				HERE PI	RONOUNCED I		3. DATE		Month	Doy	Yeor	Hour		
FU	LL NAME OF	(IF NOT	IN HOSPITA	L OR INS	TITUTION, GIVE S	STREET	PRON	OUNCED DEAD	June (5,1969		6:15	A . M	
OF	INSTITUTION	ADDRE	33 OK LOCA	11011)			5. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)							
1	210	3 E. Ea	ger St	reet			A. STATE	Marylar	nd	B. COUNTY	7	-15	2	
6.	SEX	7. RACE		B. MARE	RIED A NEVER	MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?							
	Female	Negr	0	WIDOV		IVORCED	Baltimore ves □ No □							
9.	DATE OF BIRTI		10. AGE (In	yeors	If Under 1 Yr. If	Under 24 Hrs.	E. STREET	AND NUMBER			-3 -	10 🗀		
6	9-15-	1926	lost birthdo	40	Months, Doys	Hours Min.	210	3 E. Eager	Street	t				
11.	BIRTHPLACE (S	tote or foreign	n country)		12. CITIZEN O	F		R'S NAME			- 14			
	But	1/11.	n.p		WHAT GOL	JOYTRY?	0	, , , , ,	mor	m Q.				
				4B. KIND	OF BUSINESS	OR INDUSTRY	15. MDI	IER'S MAIDEN NA	ME					
dor	e during most of	1_	00'				10	1-1-	71.10	. L				
16.	WAS DECEAS	ED EVER IN	J.S. ARMED	FORCE	5? 17. SOCI		IB. INFO	RMANT	goe	A	DDRESS			
(Y e	s, no or unknown)	(If yes, give	ar or dotes	of service	SECU	IRITY NO.	P	20	mon	e				
-	19.	- 7			CI	AUSE OF DEA	TH /	inac !	1000			PROXIMATE IN		
	C 7	011)				200	and None			BETW	EEN ONSET A	NO OEATH	
	DISEASE OR CONDITION DIRECTLY Oversode of Talwin													
	(This does n	ot mean the	mode of dy	ing, e.g.,	(,	DUE TO, OR A	S A CONSI	QUENCE OF:						
	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)													
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE (B) DUE TO, OR AS A CONSEQUENCE OF:														
	RISE TO THE	ABOVE CAL	JSE (A) STAT	ING THE										
Z	UNDERLYIN	AG CONDIII	ON LASI.				and the state of t							
Ĕ	OTHER SIGN	IIFICANT CON	II	NITRIRII	TING	24								
ERTIFICATION	TO THE DEA	ATH BUT NOT	RELATED TO	THE TERM	IINAL									
RT	20A. DATE OF	OPERATION	_		FOR WHICH O	PERATION W	AS PERFOR	MED		21. AUTO	PSY? (Yes	or No)		
S	3									yes				
14	22A. EXTER	NAL CAUSE	WAS	-	22B. PLACE OF	INJURY(e.g.,	In or obout	22C. WHERE DID	(If In Boltimor	e City, give ex		- 0		
0	UNDERLYING	OR CON	TRIB-		home, torm, toct	ory, street, office	e bldg., etc.)	INJURY OCCUR?			9 0	. 5		
MED	UTING L CA		ТН. оу) (Year) (Hou		OCCURRED	-	2103 E.			1-0	0		
	OF INJURY	. , ,			WHILE AT		WHILE							
	23.	[APPROX.] June 5,1969 A.M. m. work L AI work XX Subject ingested overdose of Talwin											n	
	1 certify that I held on Inquiry Inspection Autapsy I and that on this basis, death in my opinion													
	result	ted fram: N			Accident			Homicide	Undetermin	ned manner				
)	1 0	1 7	1-		CHIEF MEDICAL						
П	ACTUAL	11/	n los	1/1	1/2 1	1_	Δς	SISTANT MEDICAL		$\overline{\mathbf{x}}$		DATE SIG	NED	
н	SIGNATI		01		Jenus V	M.D		OCIATE MEDICAL			6/6/6	9		
L	EXAMIN NAME (1		ald N.	Kor	nblum,M.	D.	A3:	OCIATE MEDICAL	EVWMINEK	_	0,0,0			
	A. BURIAL CREA	MATION, 2	4B. DATE	2002	24C. NAME	of CEMETERY	ar CREMA	TORY 24D	LOCATION	(City, tow	n, or county	(Sto	te)	
RE	MOVAL (Speci	(v)	11-	69	BI	ilan;	A-1	2.6	m.	0/4	m	X		
25	A. DATE REC'D	BY HEALTH I	DEPT.		NAME OF REGI	STRAR	250	FUNERAL DIREC	TOR	ew	ADDRESS		-	
20	DATE REED	1111111		1		100	-30	DA 1	01/	1		.0	_/,	
0	U	NHTT	1969	. Con	ه در العدل	2000	M	diaye	1/X/	000/1	MILIL	antry	·W	
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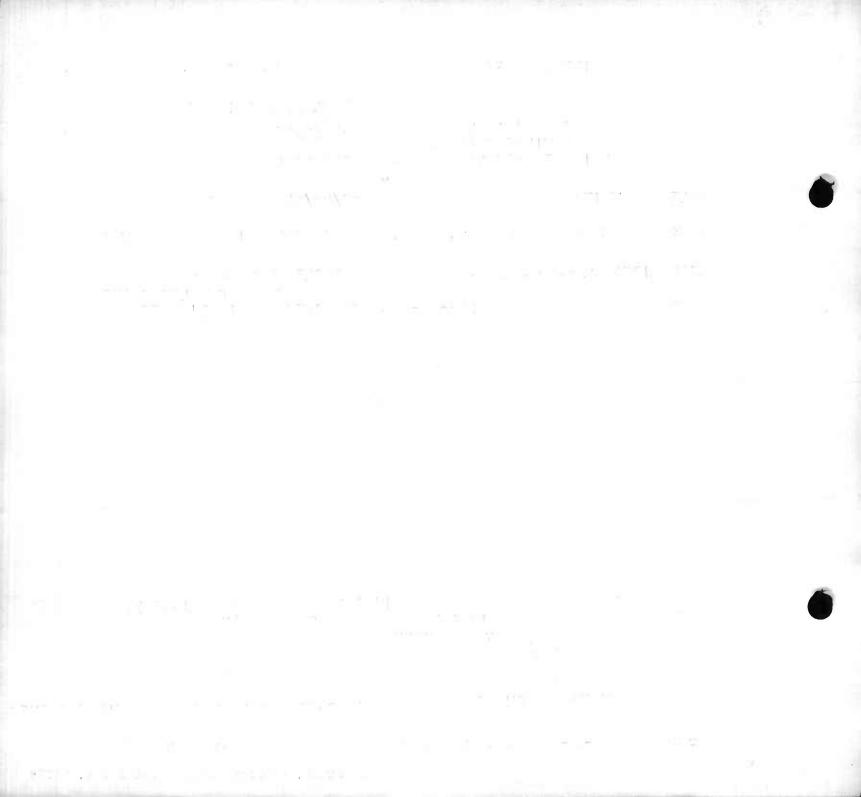
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VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT





0-	205	CO 5005 BALTIMORE CITY HEALTH DEPARTMENT
)	P d d	BIRTH NO. 69 5935 CERTIFICATE OF DEATH REG. NO. 69 5935
1	of death of death Decease e on the	1. NAME OF DECEASED
	- 2 6 d	11(*YDO OF FRATE
	E Po E	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, II institution; residence below admirried
	se (5) and	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) A. STATE MARYLAND B. COUNTY MARYLAND BALTIMORE CO. 21227
	ه ما دور	INSTITUTION ST. AGNES HOSPITAL C. CITY OR TOWN D. INSIDE CITY LIMITS?
		CATON E WILKENS AVES BALTIMORE YES NO
	ting d cau d cau r att	BALTIMORE, MARYLAND 21229 E. STREET AND NUMBER 4416 ALAN DR. APT D
	7 0 0 D	5 SEY A DACE IV
	occur ontrib ermin regul	FEMALE WHITE WIDOWED DIVORCED 106 08 00 108 100 168 100 168
	T S L	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
	de ried	Retired NEW YORK U.S.A.
	de as	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	rect (4) U was the ispos	77
Z	ant dir ath on	MARY (MC DONOUGH)
	- 0 - 0 0	15, Welf Detective Fever in U. S. Armed Forces? (Ites, no or unknown) [III yos, give wor at dolos of service) 16. SOCIAL SECURITY NO. 17. INFORMANT AVES. BALTIMORE, MD ADDRESS 21229
RT	SS is	No 213 05 2228 ST. AGNES HOSP RECORDS-CATON & WILKE
ō	D TE COOL	18. APPROXIMATE INTERVAL
IMPORTA	8 0 0 0	DISEASE OR CONDITION DIRECTLY ACCIONATION DIRECTLY ACCIONATION DIRECTLY
=	Also Also noun after med	LEADING TO DEATH (A)IMMEDIATE CAUSE
••	2 2 2 2 2	(This daes nat meen the mode of dying, e.g., heart failure, asthenia, etc. it means the disease,
2	act pr cla	injury or complication which caused death. I RESDIRATORY ARREST
H	F = T 0 m 0	ANTECEDENT CAUSES (B) CHRONIC OBST. PULM. DISEASE DISEASES OR CONDITIONS, il any, giving DUE TO, OR AS A CONSEQUENCE OF:
H	Xan Xan Wh Wh	DISEASES OR CONDITIONS, it any, giving DUE TO, OR AS A CONSEQUENCE OF:
DIRECTOR	_ e C E .	UNDERLYING CONDITION last (C)
-	dical lical rns; rsici was main	
A		O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL O DISEASE OR CONDITION GIVEN IN PART 1 (A)
8		S DISEASE OR CONDITION GIVEN IN PART 1 (A),
UNERAL	中の方は十	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPST? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5	by by 2) B re tl	U 21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Ballimore City, give exect location) OR CONTRIBUTING CAUSE OF home, form, factory, street, office bidg., INJURY OCCUR?
		DEATH (notify medical examine) CAUSE OF home, form, factory, street, office bldg., INJURY OCCUR?
	d.g.≥ \ b	O 210-TIME (Month) (Day) (Year (Hour) 215 INTURY OCCURRED 215 YOU STOLE INTURY OCCURRED
	8 2 8 80 5	While At Not While
	2 - 100	WORK L. AT WORK L.
	0 + H 0 0 0	22. I certify that (1) (this hospital) attended the deceased fram XMMK MAY 28 19 69 to JUNE 7 19 69
	교수유교준회	that (IX(we) last saw the deceased alive on JUNE 7 19 69 and that In(my) (aur) apinian death accurred on the date
		and haur and from the causes stated above. (1% (We) (did) (d)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)
	40 20 20 20 20 20	23A. SIGNATURE 23B. DATE SIGNED
		Attending Med. Staff Director Phys. 6-7-69
	ate as r at at rior	23C. PHTSICIAN'S NAME (Type) 23D. ADDRESS 21220
	Ma An An Pri	RUDOLFO REVILLA, M.D. CATON & WILKENS AVES -BALTIMORE MD
	E & COBE	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stotel
	0 S S S S	Burial 6-10-69 Baltimore Cemetery Baltimore, Maryland
	This certhe boc shows: was D. deceas	25A. DATE REC'D 8Y HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR, ADDRESS
	そらをおする	Howard H. Hubbard, 4107 Wilkens Ave. 21229
	,	VS 150-REV- 1/1/68



BALTIMONE CITY HEALTH DEPARTMENT



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69 5938 BALTIMORE CITY HEALTH DEPARTMENT

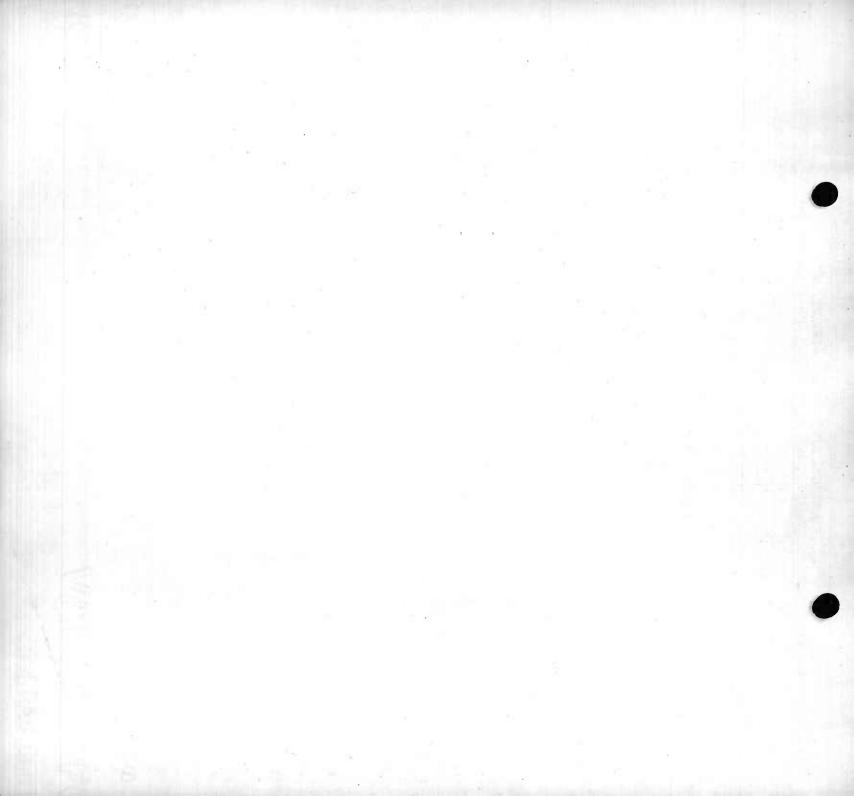
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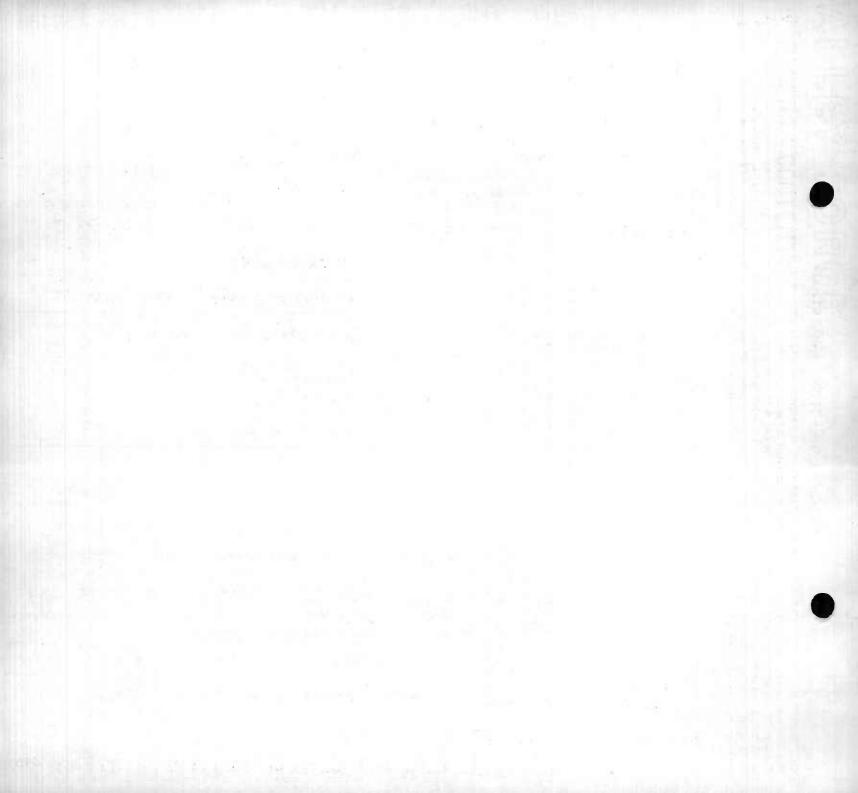
BID	TH NO.	MEDICA	L EXAMINER'S	CERTIFIC	CATE OF	DEATI	REG. NO.			
	IAME OF DECEASED			2. DATE	Known 🗆	Month	Dov	Yeor	Hour	
	e or Print)	MES M. TU	RNBULL	OF DEATH	Known Estimoted		8, 1969		12:20	Р.м.
4. F	LACE IN BALTIMORE, A	MARYLAND, WHERE	PRONOUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour	
HO:	NAME OF (IF N PITAL ADD NSTITUTION	OT IN HOSPITAL OR IN RESS OR LOCATION)	ISTITUTION, GIVE STREET		JNCED DEAD ESIDENCE (Where		8, 1969		12:20	
				A. STATE	ESIDEIACE (Milere		B. COUNTY	. residence	1	istori)
0	MEDICAL EXA	MINER OFFIC	E		laryland			04	11-6	22
6. 5	EX 7. RACE	8. MAI	RRIED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS?		7.00
1	Male Wh	ite wido	WED DIVORCED	Ва	ltimore		YE	s 🗌	NO 🗌	
9. [ATE OF BIRTH	10. AGE (In years lost birthdoy)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.		ND NUMBER					
N	ov. 15, 1888	80	Monnis Doys Hours Min.		C levelan	d Stree	at			
	BIRTHPLACE (State or fore	eign country)	12. CITIZEN OF	13. FATHER		- 552.6				
	Scot land		WHAT COUNTRY?	And	POTT Tumph.	.11				
14A		ive kind of work I 4B. KIN	ND OF BUSINESS OR INDUSTR	Y 15. MOTHE	rew Turnbi	WE				
done		even ifretired)		Ma	ry MaChaa					
16	Plaster WAS DECEASED EVER II	NIIS APMED FORCE	ES? 17. SOCIAL	IB. INFORM	ry McGhee		ΔΓ	DRESS		
	no or unknown) (If yes, give	e wor or dotes of servi	ce) SECURITY NO.						210	-
-	Yess WW	I	578-05-5146		Huster 55	Maple d	ale Ave	Gle	n Burn	ie Md
	9. 1 9/0,9	7	CAUSE OF DEA	ATH					VEEN ONSET A	
	DISEASE OR CON	IDITION DIRECTLY	Drownin	ig compl	icated by	arter	iosclero	otic		
	LEADING	TO DEATH	(A)IMMEDIATE	CAUSE						
	(This does not mean the heart failure, asthenia, e		" VBUE TOPOR	AFKHERNSKS	VEXPEXOF X				***********	
	injury or complication w				-					
	ANITECEDEA	IT CALLETS	cardi	Cunacul	ar disass	0				
	ANTECEDEN DISEASES OR CONDI		G DUE TO, OR	AS A CONSE	ar diseas	<u>E</u>				
	RISE TO THE ABOVE O	CAUSE (A) STATING TH								
Z	UNDERLYING COND	IIION LASI.	(C)				******			
읩		l II								
ð	TO THE DEATH BUT NO									
CERTIFICATION	DISEASE OR CONDITIO	N GIVEN IN PART 1 (۵).							
E.	20A. DATE OF OPERATION	ON 208. CONDITIO	N FOR WHICH OPERATION W	AS PERFORN	IED			21. AUTC	PSY? (Yes o	or No)
0	2/								yes	
V	22A. EXTERNAL CAUS		228. PLACE OF INJURY (e.g.	, in or obout 2	2C. WHERE DID	(If in Boltimor	e City, give exo	ct location)		
ŏ	UNDERLYING OR CO		home, form, foctory, street, offi harbor	ce bidg., etc.)	Unk.			0	0-07	
MEDI	22D. TIME (Month)		our) 22E.INJURY OCCURRED	3 2	2F. HOW DID IN	JURY OCCU	IR?			
	OF INJURY (APPROX.) IInk		WHILE AT NO	T WHILE WORK	Found flo	ating	in water	_		
	(APPROX.) Unk.		m. WORK AT	WORK A	round 110	acing.				
П	l certify that I	held an Inquiry	Inspection A	utopsy X	and that an t	his basis,	death In my	apinian		
Ш		_					ed manner	7		
	resulted fram:	Natural causes	1 Accident - Suici				Lag mounter F	_		
	ACTUAL	1,101	1/2 1.1		CHIEF MEDICAL I				DATE SIGI	NED
Ш	SIGNATURE	wed !!	Chu V M.	D. ASSI	STANT MEDICAL	XAMINER		,	10100	
ы	EXAMINER'S	-1137 77	11 7/ 7	ASSC	CIATE MEDICAL	EXAMINER		0	/9/69	
		onald N. Ko		Cartina	nny la in	LOCATION	100		10	
	BURIAL CREMATION, MOVAL (Specify)	24B. DATE	24C. NAME of CEMETERY	or CREMATO	24D.	LOCATION	(City, town	, or county) (Sto	ite)
		1								
	Cremation	6-10-69	Loudon Park C	remator	77 R	altimo	re Mary	land		
25/	Cremation DATE REC'D BY HEALT	6-10-69 H DEPT. 258.	Loudon Park C	25C.	FUNERAL DIRECT		A	yland DDRESS		
25/	DATE REC'D BY HEALT			25C.		OR	A	DDRESS	Ave.	21229

VS 151-REV. I/I/6B

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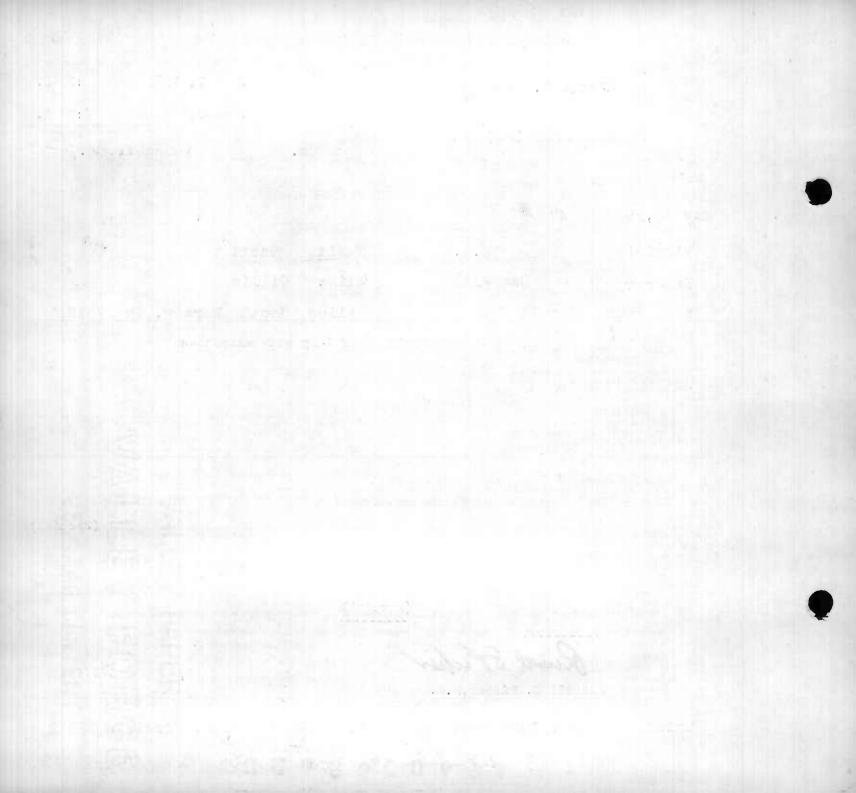






				C.D.	P CO A
ICAL	EXAMINER'S	CERTIFICATE OF	DEATH REG. NO.	03	094%

BIRTH NO.	REG, NO.
I. NAME OF DECEASED	2. DATE Knawn Month Day Year Hour
(Type or Print) LESTER E. SCOTT	OF DEATH Estimoted June 7, 1969 6:30 P.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD June 7,1969 6:30 P.
OR INICIPITATION	5. USUAL RESIDENCE (Where deceosed lived, if institution: residence before admission)
MERCY HOSPITAL (DOA)	A. STATE B. COUNTY
6. SEX 7. RACE B. MARDIED ALEVED MARDIED	? Va. Richmond, Co. /
MARKIED - IVEVER MARKIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
WIDOWED DIVORCED	? YES NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER
May 30, 1922 lost birthdoy) Months, Doys Hours Min.	?
11. BIRTHPLACE(Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Virginia WHAT COUNTRY?	Emmit Scott
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	Y 15. MOTHER'S MAIDEN NAME
done during most of working life, even if retired) Taborer Saw Mill	Alice Gillis
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no or unknown)(If yes, give wor or dotes of service) SECURITY NO.	
Yes World War II ?	Alice Scott Warsaw, Va 22572
162	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Carcino	oma of lung with metastases
LEADING TO DEATH	CAUSE
(This does not meon the mode of dying, e.g., heart failure, osthenio, etc. it meons the disease,	AS A CONSEQUENCE OF:
injury or complication which coused death.)	
ANTECEDENT CAUSES (6)	
DISEASES OR CONDITIONS, IF ANY, GIVING (B) DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A)	
208. CONDITION FOR WHICH OPERATION W	/AS PERFORMED 21. AUTOPSY? (Yes or No)
	yes (Partial)
	, in or obout 22C. WHERE DID (If in Boltimore City, give exoct location) ce bldg., etc.) INJURY OCCUR?
UNDERLYING OR CONTRIB-	e blags, etc.) Indokt Occok:
22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
	T WHILE C
23.	WORK L
I certify that I held on Inquiry Inspection Par	ond that on this basis, death In my apinion
resulted from: Natural causes X Accident Suici	
Accident Street	CHIEF MEDICAL EXAMINER X
ACTUAL AS AND SHE	DATE SIGNED
SIGNATURE JUMELY OF MILE M.E	D. ASSISTANT MEDICAL EXAMINER 6/8/69
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Russell S. Fisher, M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
	Pvt. Cemetery Warsaw, Virginia 22572
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C, FUNERAL DIRECTOR 3/ md. ADDRESS
MIN 1 2 1969 Robert E. Nauben A	a country cara / bl. ()
JON - JOSE - Joseph	in agene w per try seorge va.
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VS 151-REV. 1/1/6B

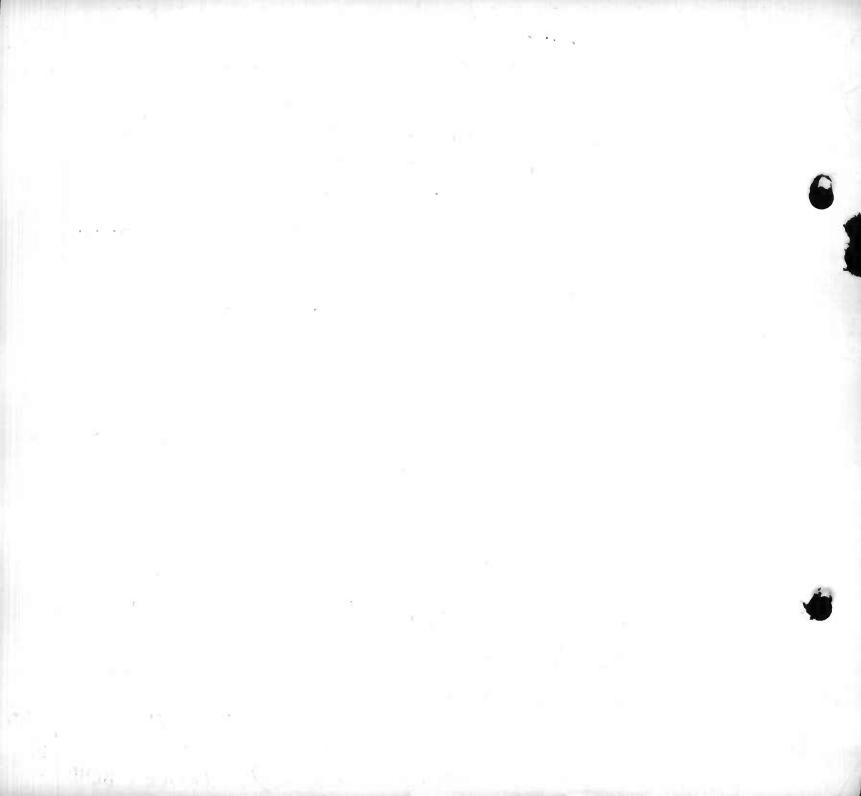
MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO.	00 0943
BIRTH NO. 1. NAME OF DECEASED HOWPRD	2. DATE Known Month Doy	Year Hour
(Type or Print) RAYMOND BUCKALEW	OF	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted June 8,1969 3. DATE Month Dov	2:10 A M.
	PRONOUNCED DEAD	Yeor Hour
YOS HALL ADDRESS OF TO ENTIRE TO	June 8,19 6 9	2:10 A. M.
OR INSTITUTION 6-19-69	5. USUAL RESIDENCE (Where deceosed lived, if institution A. STATE B. COUNTY	
CITY HOSPITAL (DOA)	Maryland	Baltimore
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE C	ITY LIMITS?
Male White WIDOWED DIVORCED	Baltimore	ES NO 🗆
	E. STREET AND NUMBER	110
9. DATE OF BIRTH 11/2/1433 10.AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.	112 N. Janney Street	7664
11. BIRTHPLACE(State or fareign country) 12. CITIZEN QF	13. FATHER'S NAME	20-01
m / Wyst country	Raymond Bucke	7 034
4A.USUALOCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY		Tew
done dering most of working life even if retired	S. MOTHERS MAIDEN NAME	
Steel Mull John Steel	Want to Wick	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, no or unknown) (If yes, give yeg, or, date, of securics) SECURITY NO.		DDRESS 112 -North
(Yes, no or unknown) (If yes, give words, date, of service) SECURITY NO.	Joann V. Buckales	Tooler and a second
19. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	THE	BETWEEN ONSET AND DEATH
	gunshot wound of left chest	
LEADING TO DEATH (A)IMMEDIATE C		
(This does not mean the mode of dylng, e.g., DUE TO, OR A	S A CONSEQUENCE OF:	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	AS A CONSEQUENCE OF:	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED	21. AUTOPSY? (Yes or No)
Ö 2 ,		yes (Partial)
₹ 22A. EXTERNAL CAUSE WAS 22B.PLACE OF INJURY(e.g.,	in or about 22C. WHERE DID (If in Baltimore City, give ex	yes (Partial)
UNDERLYING SOR CONTRIB- home, form, foctory, street, affice	bldg., etc.) INJURY OCCUR?	26-67
☐ UTING ☐ CAUSE OF DEATH. Z 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	Alley rear of 112 N. Ja	nney Street
OF INJURY	WHILE Self-inflicted gunshot	wound of chest
		would of chest
	artial) topsy [X] ond that on this basis, death In my	oninian
resulted fram: Natural causes Accident Suicid		
ACTUAL P. AND SEC.	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE () Cussell 80 when M.D.	ASSISTANT MEDICAL EXAMINER	
EXAMINER'S Russell S. Fisher, M.D.	ASSOCIATE MEDICAL EXAMINER	6/8/69
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, tow	n, or county) (Stote)
REMOVAL (Specify) 6/14/69 I.aaf. &	& Sarden Mineral Co.	w. Wiguna
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	DDRESS
JUN 1 2 1969 July E, Jayber N.D.	Sharpless & Fish	UD OU
2011 - % 1202 1000 6 1 140051 14.0	Blacker 1009	930 Easteralluc
VS 151-REV. 1/1/6B	P.O. Titomillow, M.S.	Ballinore, md x

VS 153 6-19-69 M.H.



0501	(1) EDAE	Y HEALTH DEPARTMENT	69 5945
	TH NO. AME OF DECEASED	TE OF DEATH	
	e or Print) Allen Harris	2. DATE AND HOUR OF DEATH 5-31-69	2:30 p
3. F	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, Il institu	lian: residence belara admission)
FUI HO INS	LL NAME OF SPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN D. INSIDE C	14-02
	Provident Hospital, Inc.	Baltimore YE	s 📑 NO 🗌
	1514 Division Street	E. STREET AND NUMBER	
5. S	Baltimore, Maryland 21217 EX 6. RACE 7. MARRIED NEVER MARRIED	1631 Pennsylvania Avenue	
M	ale Negro WIDOWED Se POVORCED	6-10-89 lost birthday	Under 1 Yi. II Under 24 Hrs. Ponths Doys Hours Min.
10A.	USUAL OCCUPATION (Give kind of wark 108, KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired)	11. BIRTHPLACE (Stote or lareign country) 12	CITIZEN OF WHAT COUNTRY?
	and a state of the	Virginia	U.S.A.
13. F	ATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. V (Yes,	vas Deceased Ever in U. S. Armed Farces? 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	e plane	Miss M. Johnson - Friend	
	18. Ause of Death	Н	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY SELECTION TO DEATH	ISE Pulmonary Embolism	3 days
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	A CONSEQUENCE OF:	
	injury or camplication which caused death.)		
	ANTECEDENT CAUSES) head of ferrer	25 day
	DISEASES OR CONDITIONS, if any, giving DUE to, OR AS inse to the above cause (Al stating life). UNDERLYING CONDITION last.	A CONSEQUENCE OF: pulmonary emphysics	un 10 yrs
= 11	IO THE DEATH BUT NOT RELATED TO THE TERMINAL TO	VHD	***************************************
< L	9A. DATE OF OPERATION 119R CONDITION FOR WALLY OPERATION	20A. AUTOPSY? (Yas at No.) 20B. IF YES. WERE FIND	NGC CONCIDENTS
E	5-19-69 WAS PERFORMED Goodel.	NO IN CERTIFYING CAUSES	OF DEATH?
CALC	PA. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.) PACE OF INJURY (e.g., in home, form, foctory, street, off etc.) PACE OF INJURY (e.g., in home, form, foctory, street, off etc.) PACE OF INJURY (e.g., in home, form, foctory, street, off etc.) PACE OF INJURY (e.g., in home, form, foctory, street, off etc.) PACE OF INJURY (e.g., in home, form, foctory, street, off etc.) PACE OF INJURY (e.g., in home, form, foctory, street, off etc.) PACE OF INJURY (e.g., in home, form, foctory, street, off etc.) PACE OF INJURY (e.g., in home, form, foctory, street, off etc.) PACE OF INJURY (e.g., in home, form, foctory, street, off etc.) PACE OF INJURY (e.g., in home, form, foctory, street, off etc.) PACE OF INJURY (e.g., in home, form, foctory, street, off etc.) PACE OF INJURY (e.g., in home, form, foctory, street, off etc.) PACE OF INJURY (e.g., in home, form, foctory, street, off etc.) PACE OF INJURY (e.g., in home, form, foctory, street, off etc.) PACE OF INJURY (e.g., in home, form, foctory, street, off etc.) PACE OF INJURY (e.g., in home, form, foctory, street, off etc.) PACE OF INJURY (e.g., in home, form, foctory, street, off etc.) PACE OF INJURY (e.g., in home, form, foctory, street, off etc.) PACE OF INJURY (e.g., in home, form, foctory, street, off etc.) PACE OF INJURY (e.g., in home, form, foctory, street, off etc.) PACE OF INJURY (e.g., in home, form, foctory, street, off etc.) PACE OF INJURY (e.g., in home, form, foctory, street, off etc.) PACE OF INJURY (e.g., in home, form, foctory, street, off etc.) PACE OF INJURY (e.g., in home, form, foctory, street, off etc.) PACE OF INJURY (e.g., in home, form, foctory, street, off etc.) PACE OF INJURY (e.g., in home, form, foctory, street, off etc.) PACE OF INJURY (e.g., in home, form, foctory, street, off etc.) PACE OF INJURY (e.g., in home, form, foctory, street, off etc.) PACE OF INJURY (e.g., in home, form, foctory, street, off etc.) PACE OF INJURY (e.g., in home,	n or about 21 C. WHERE DID (II in Baltimore City fice bldg., INJURY OCCUR?)	, give exact location) 140
ا کے	APPROX.) (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED (Month) (Mon		1
2	2. I certify that (I) (this hospital) attended the deceased fram. Ma.		1, 69
- 1	hat (1) (we) last saw the deceased alive an May 31,	19and that in(my) (aur) opinion	
0	and have and from the causes stated above. (I) (We) (did) (did nat) vi	ew the bady after death.	
2	3A. SIGNATURE Cholice (1)		DATE SIGNED
2	negass Phys.	Adding Med. Staff W	6-2-69
	POCHNA CHOTIKUL	1514 DidikidBoats waltan	Mmnw2 and-21 23 0
24A.	BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY ATTALLED AND DUAR DO	VU CODKINA N CIONA
25A.	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	UNIVERSITY MEDI	CALSCHOOL
	NIN 1 2 1969 (E. Jabes M.D.	25C, FUNERAL DIRECTOR LINDTHADV SEDVICE	
5 1:	50-REV. 1/1/6B	O SMORTUARY SERVICE	- DUIII

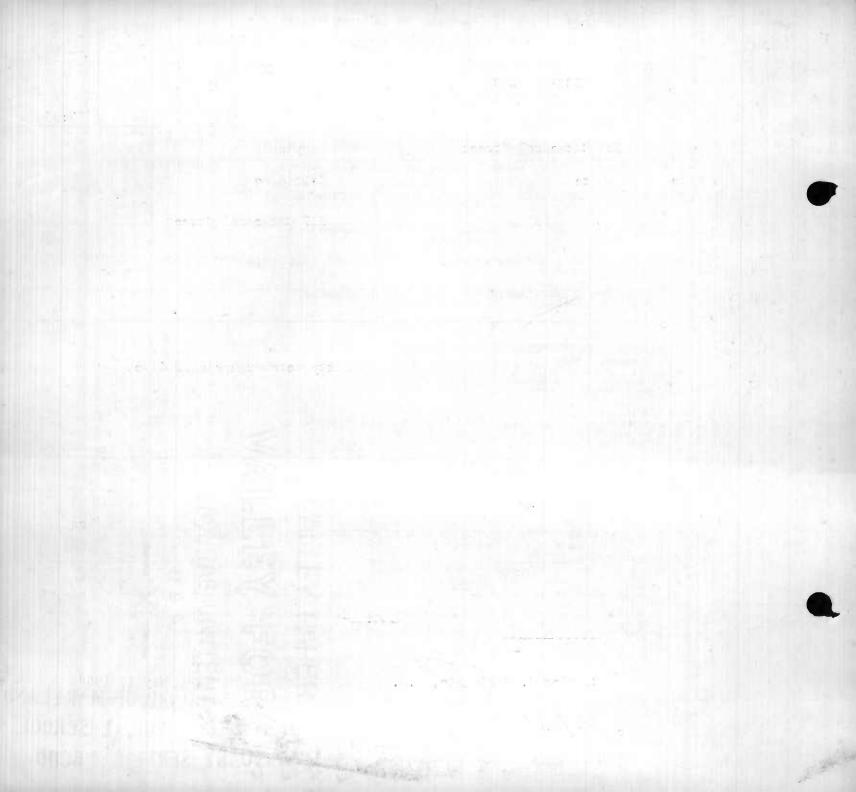
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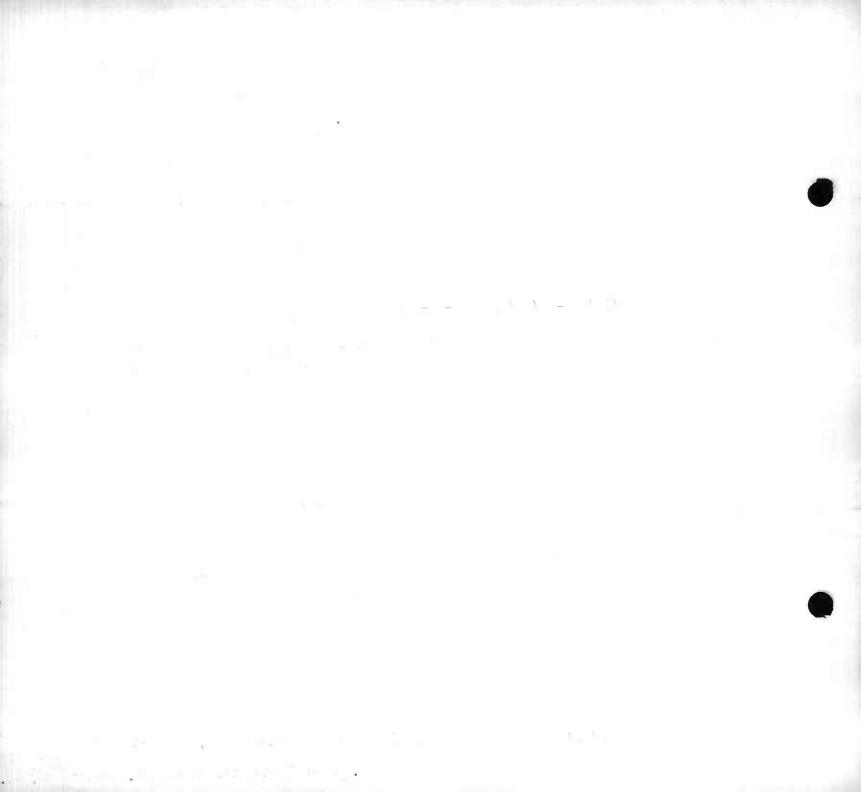
RIE	TH NO.	N	MEDICAL	. EX	AMINER'S	CERTIFI	CATE OF	DEAT	H REG. N	0		3.0		
1.	NAME OF DEC		HARD BLA	CK		2. DATE OF DEATH	Known Known Estimated	Month May	Day 1, 1	969 Yeo	r	Hour	м.	
FUI	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD ULL NAME OF OSPITAL ADDRESS OR LOCATION) (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)						3. DATE Month Doy Year Hour PRONOUNCED DEAD May 1, 1969 12:0							
6	00		nedral S				Maryland		B. COUNT	11-	0	2		
_	sex Male	7. RACE White	B. MARR		NEVER MARRIED DIVORCED	C. CITY OF	Baltimore		D. INSIDE	YES X		0		
9. 1	DATE OF BIRT		GE (In years irthdoy)	If Unde Months	or 1 Yr. If Under 24 Hrs. Doys Hours Min.	E. STREET	AND NUMBER	dral Si	reet					
11.	BIRTHPLACE (State or foreign cour	ntry)		IZEN OF NAT COUNTRY?	13. FATHER								
		PATION (Give kind o working life, even il re		OF BU	SINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NA	ME						
16. (Ye	WAS DECEAS s, no or unknown	ED EVER IN U.S. A	RMED FORCES dotes of service	5? 1	7. SOCIAL SECURITY NO.	IB. INFOR	MANT			ADDRESS				
ATION	(This does repeated to the control of the control o	E OR CONDITION LEADING TO DEA' not meen the mode c, asthenia, etc. It me mplication which cous NTECEDENT CAUS OR CONDITIONS, E ABOVE CAUSE (NG CONDITION L UIFICANT CONDITION	of dying, e.g., ons the disease, ed death.) ES F ANY, GIVING THE AST.		(B)	CAUSE FAT AS A CONSEC AS A CONSE	ty metamo	rphosi	s-of-1	iver				
CERTIFICATION	TO THE DE.	ATH BUT NOT RELATE CONDITION GIVEN	ED TO THE TERM IN PART 1 (A)	INAL	HICH OPERATION W	AS PERFOR	MED			21. AU		sy? (Yes or) Yes	No)	
MEDICAL	UNDERLYING UTING CA 22D. TIME OF INJURY (APPROX.) 23. 1 cer- resul ACTUAL SIGNAT EXAMIN NAME (URE Charl Type)	l couses &	r) 22E m. WH wo	Inspection Augustident Suici	T WHILE WORK H	and that an tamicide CHIEF MEDICAL I	his basis, Undetermine EXAMINER EXAMINER EXAMINER	death in a	my apiniar	n D	DATE SIGNE	D	
	A. BURIAL CRE MOVAL (Spec		10/69		NAME of CEMETERY		HNIVE	RSIT	ME	DICA	I.	SCHO	OL	
25	A. DATE REC'D	BY HEALTH DEPT.			E Faber M.	_	FUNERAL DIRECT	MARY	SED	ADDRESS		RCHI	n	

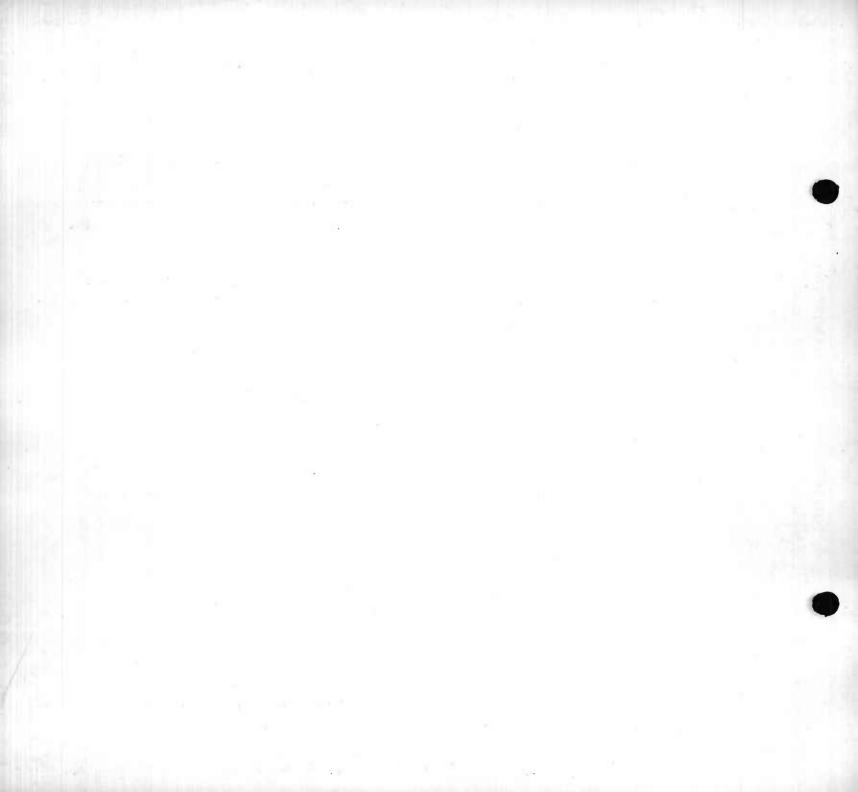


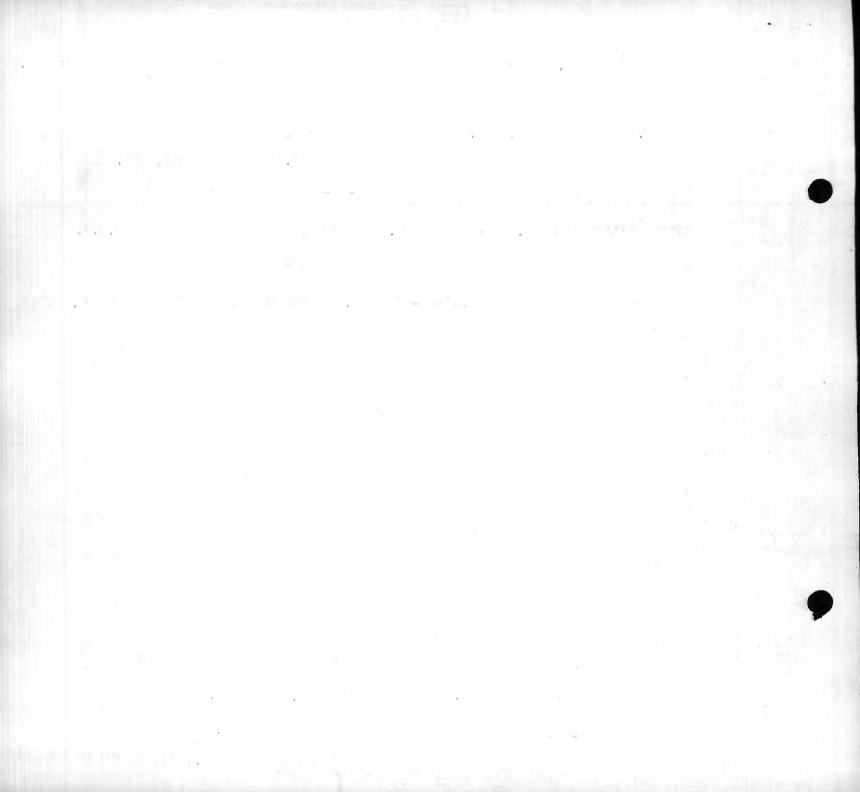
			, 69 5	OA BALTIMORE CIT	Y HEALTH DE	PARTMENT			69	5000
BIRTH N	0. 109	2038	1000	CERTIFICA	ATE OF	DEATH	REG. N	10	00	094.
1.NAME	OF DECEAS					2. DATE AN	D HOUR OF	EATH		
Type or	Print)	Bab	y Girl Bro	own		5/28	1/69		1	10 a.
3. PLAC	E IN BALTIM		LAND, WHERE PRO		4. USUAL R	B. COUN	e deceased live	ed. Il institutio	n; residence	
FULL NA	AME OF	(IF NOT IN	N HOSPITAL OR IN OR LOCATION)	STITUTION, GIVE STREET		aryland		INCOME CO	25.	-62
INSTITUT	TION				C. CITY OR 1			. INSIDE CI		
112						imore		YES		NO 🗌
SOI	ITH BAT	TTMORE	GENERAL H	OSPTTAT.		ethune Ro	24 #2	1225		
/ 18					1				1 1 V	15 11 1- 24 1
S. SEX		RACE		IED NEVER MARRIED	8. DATE OF		9. AGE (In yeo lost birthdoy)	Mon	Inder 1 Yr. ths; Doys	Hours Min.
Fem		Negro			5/28/6		Born at			2 5
	AL OCCUPA			O OF BUSINESS OR INDUSTR	(11. BIRTHPLA	CE (State or forei	gn country)	12.	CITIZEN OF	WHAT COUN
3. FATH	IER'S NAME				14. MOTHER	'S MAIDEN NAM	ΛE	- 10		
C	INT	Nou	JN		Beli	nda B r own	1			
			Armed Forces? var or dates of servi	SECURITY NO.	17. INFORMA	AN T			ADDR	ESS
18,			· ·	CAUSE OF DEA	TH				1 APPRO	OXIMATE INTERVA
10.	///	X		CAUSE OF DEA						N ONSET AND DE
		OR CONDITION TO	TION DIRECTLY		TI	111 17	0171	,		
(This			mode of dying,	(A) IMMEDIATE CA	USE /	MATU	0117			
			il meons the dise		A CONSEQUE	NCE OF:				
injur	ry or compli-	colion which	h coused deoth.)							
	AN	TECEDENT	CAUSES	/a\					1	
DISE	EASES OR	CONDITIO	NS, if ony, gi	ving (B)	S A CONSEQU	ENCE OF:				
rise	lo the	obove cou	ise (A) slotting	Ihe						
UNI	DERLYING C	CONDITION	losi.	(c)						
7		11								
			ONS CONTRIBUTION							
▼ DISE	ASE OR CON	DITION GIVE	EN IN PART 1 (A).		20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED					
RTIFIC 16 V	DATE OF O		198. CONDITION F WAS PERFORMED	OR WHICH OPERATION	NO NO 208, IN C			WERE FINDING CAUSES	OF DEATH	IDERED ?
_ OR C	OR CONTRIBUTING CAUSE OF home, lor DEATH (notify medical examiner)			21B. PLACE OF INJURY (e.g., home, lorm, loctory, street, etc.)	in or obout 21 Coffice bldg., INJ	WHERE DID URY OCCUR?	(If In I	Boltimore City,	, give exoct	locotion)
0 21 D.	TIME (A	Aonth) (Doy	(Year) (Hour)	21E. INJURY OCCURRED	21 F	HOW DID INJ	URY OCCUR?			
>	PROX.)			While At Not Wh						
AFF	NOM/			Work L At Work				ad 1=0	7/2	
				ed the deceosed fram	5/28/69		19to	5/28/		19
thot	(X) (we) lo	st sow the	deceased alive	an 5/28/69	19	and th	at In (a)QAL (au	r) opinion	death occ	urred on the
				e. (1) (We) (did) (did not)						
	SIGNATURE			,, (, (, (, (,		, 21.5. 0001118		23 R.	DATE SIGN	IEO.
121	1000	1	0 /	At	ending	Med.	Staff -	2544	11	10
140	come	ndel	roke	MID-DEGREE PH	ys.		Staff Phys.		0/6/	67
23 C.	PHYSICIAN'S NAME (Type)	No.		23D. ADDRES					
			Mendelsol	nn, M.D.	S.B.G.	H-N A 2003	46. Han	pyen St	F. 11 .	DVI IN
	RIAL CREMA	TION, 24B.		C. NAME of CEMETERY OF C	REMATORY	240.	OCATION V	A K. Bry, W.	h, o/ C A	KYLAR
REA	MOVAL (Spec	cily)	10/10			HARTED	CITY B	ALDIA		CHOO.
		6	14/67		lac = =	UNIVER	SIII	TEDIC	AL S	CHUIT
ISA. DA	TE REC'D BY	4	25B. NA	ME OF REGISTRAR	2SC. FUN	A DUFFUR	ADV C	EDUIC	AD W	D CITE
		TIN12	1969 166	WE. FORE, MO.	05	ATOWIA.	uui 7	CKYIC	E -	bunn
		14								

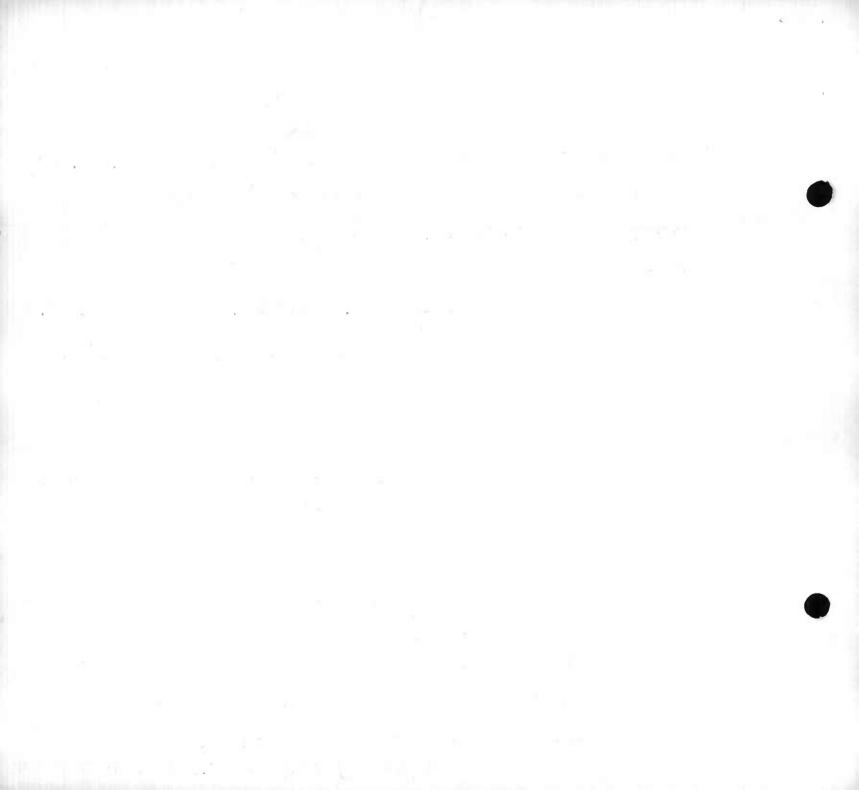
LINE MOUNT

	BALTIMORE CITY HEALTH DEPARTM	IENT CO.	
	BIRTH NO. 69 5948 CERTIFICATE OF DEA	TH REG. NO. 69 5948	
1,	1. NAME OF DECEASED	DATE AND HOUR OF DEATH	
IIa	(Type or Print) James E. McCenner,	1-8-69 11:50 Am	
3	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOLINGED DEAD	CE (Where deceased lived, II institution; residence belore admit	1 . M.
- 11	ACSTATE L	COUNTY A I INSTITUTION TESTOR DELOTO ODMI	(assion)
F	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Myganon 5/	12
- "	C. CITY OR TOWN	D. INSIDE CIT LIMITS?	
	2 deniversity Hospital Cum	123	
-	E. STREET AND NU	MBER	
5.	5. SEX 6. RACE 7. MARRIED TO VIEW TO AND THE OF SIRVE	sylvant Ur.	
	MAKKIED NEVER MARRIED C. DATE OF SIKIH	9. AGE (in years If Under 1 Yr. If Under 2 Months; Days Hours; N	4 Hrs.
10	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stot)		
do	done during most pf working life, even if relired)	e pr foreign cauntry) 12. CITIZEN OF WHAT COU	UNTRY
	habour live to. M	d. NSA	
113	13. FATHER'S NAME	EN NAME	
	John McKenny Kuth	M. Kasiman bion	
15	15. Was Doceased Ever in U. S. Armed Forces? [Yos, no or unknown] (If yos, give war or dales of service) 16. OCIAL SECURITY NO.	ADDRESS	
	11/15/45 - 2/28/47 212-24-0072	1	
	18. CAUSE OF DEATH	, and	
	DISEASE OR CONDITION DIRECTLY	APPROXIMATE INTER	
	LEADING TO DEATH	sta- Armst 12	
	(This does not mean the mode of dying, e.g., heart foilure, esthenic, etc. it means the disease	ato 18 rest 1/2 ms	
	heart foilure, ostherio, etc. It means the disease, injury or camplication which caused death.)	rehal bleed (postular)	
	ANTECEDENT CAUSES	12hrs	'A'
	DISEASES OR CONDITIONS, il ony, giving DUE TO, OR AS A CONSEQUENCE OF:	out to hema mont	h
	TINDER VING CONDITION I	Die 3	
	CONDITION last, (c)	Jan Jan	=
Z	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
ATIC	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
112	11 V 1194 DATE OF AREA TION 1100 CONTINUES TO STATE OF THE STATE OF TH	s or No. 208, IF YES. WERE FINDINGS CONSIDERED	
ERTI	WAS PERFORMED	s or No. 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
٥	OR CONTRIBUTING CAUSE OF CONTRIBUTION CONTRIBU	DID (II In Boltimore City, give exact location)	_
∥ĕ	DEATH (notify modical examiner)	,O Kr	
8		ID INJURY OCCUR?	
8	(APPROX.) While At Not While		
	22. I certify that (I) (this hospital) attended the deceased from		<u> </u>
		19 6 10 6 8 19 6	-
	and the sale of the deceased office on	ond that in(my) (our) opinion death occurred on the	dote
	ond hour ond from the couses stoted obove. (I) (We) (did) (did not) view the body ofter d	eoth.	
11		23B, DATE SIGNED	
1	DEGREE Phys. Director	Shoff Phys. 4 6-18-69	
-	NAME (Typo)	Univ. Hom. Bato, Md.	
	DEGREE	Deally 120 110 110	
24/	11/4A, BURIAL CREATATION 1240 DATE	24D. LOCATION (City, town, or county) (State	le)
	Burial 6/11/69 Restlawn Memorial Gardens	Cumberland, Allegany Maryland	d
25/	25A. DATE REC'D BY WEALTH DEPTOCO 25B. NAME OF REGISTRAS 25C. FUNERAL DIR	ECTOR ADDRESS 0150	00
	JUN - 2 1303 Jucos S. Values M. J. OH. Thayfire &	eorge 202 Greene St. Cumberland	d. N









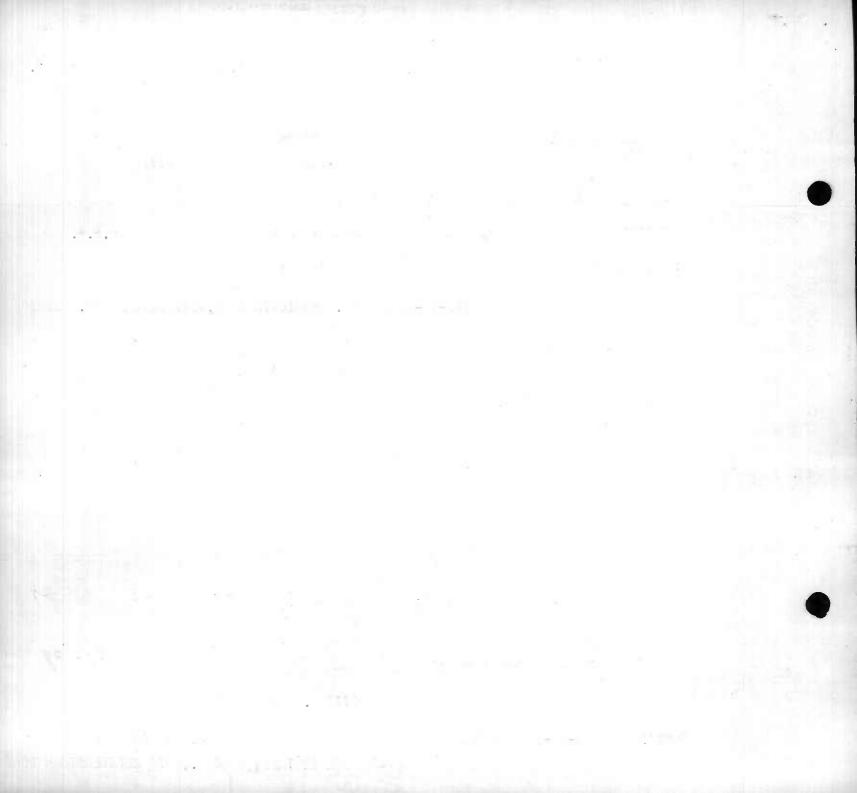
BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT DIRECTOR: FUNERAL

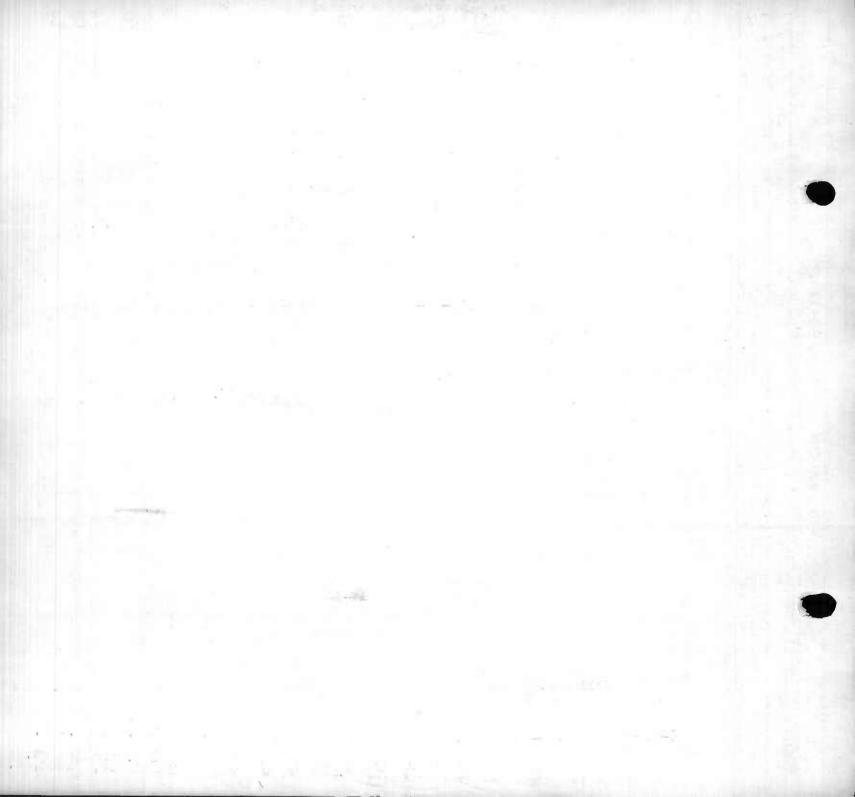
3

VS 150-REV. 1/1/6B

NO If Under 1 Yr. If Under 24 Hrs. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A ADDRESS DUNLAND RD BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimare City, give exact location) and that In(my) (aur) apinion death accurred an the date 23B, DATE SIGNED (City, town, or county) MARYLAND ADDRESS DEVINSON & BROS. 6010 REISTERSTOWN ROAD



T, NAME OF DEC		RANCE	5 T.		ollo/69		745
	LTIMORE MARYLAND,			4. USUAL RESIDENCE		ved. If instituti	ion: residence belore o
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPI ADDRESS OR LOC	ITAL OR INSTIT	UTION, GIVE STREET	Maryland c. CITY OR TOWN		Baltim D. INSIDE C	
	Baltimore C	ity Hosp	itals	Dundalk			X ON
3/	4940 Eastern Baltimore, Ma			E. STREET AND NUME			
		-		<u> </u>	ow Road	21222	
5. SEX	6. RACE		NEVER MARRIED	8-29-1900	9. AGE (In ye lost birthdoy)	68	Under 1 Yr. If Under hthe Doys Hours
Female	White	WIDOWED	DIVORCED F BUSINESS OR INDUSTRY				CITIZEN OF WHAT
	working lile, even if retired)			Maryland	i totorgii coomity		U.S.A.
House	e Work		At Home.	14. MOTHER'S MAIDE	N N A A A E		
13. PAINER 3 NA		n Kuhn		IN MOTHER'S MAIDE			
15 W 5			11/ 100111	17 1415001	Josep	nine	Kern
	d Ever in U. S. Armed Fo n) (If yes, give wor or do		SECURITY NO.	17. INFORMANT			ADDRESS
No	Charleston debug encode on their		219-10-5406	Records: BCH	-4940 East	ern Ave	
182/10	SE OR CONDITION D		CAUSE OF DEAT	n			APPROXIMATE IN
DISEASES	, osthenia, etc. II mean mplication which cause ANTECEDENT CAUSE OR CONDITIONS, if above cause (A)	ed death.) :S ony, giving	(B) DUE TO, OR AS	Jein Gund	in-Car	die Vag.	c Dream Y
DISEASES	mplication which cause ANTECEDENT CAUSE OR CONDITIONS, if a above cause (A) G CONDITION lost.	ed death.) :S ony, giving	(B) DUE TO, OR AS		Can	die Vas.	cDseaw Y
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DISEASES rise to the UN DERLYIN OTHER SIGNI TO THE DEAD DISEASE OR OTHER SIGNI TO THE DEAD DISEASE OR OTHER SIGNI TO THE DEAD DISEASE OR OTHER SIGNI OR CONTRIB	ANTECEDENT CAUSE OR CONDITIONS, if ne above cause (A) G CONDITION lost. II IFICANT CONDITIONS CONDITIONS CONDITION GIVEN IN PA F OPERATION 198. CO	ony, giving only stating the Contributing the Contributing the Contributing the terminal art 1 (a). Notition for reformed	(C)WHICH OPERATION	20A. AUTOPSY? (Yes	or No) 208, IF YES, IN CERTIFY	WERE FINDI	INGS CONSIDERED
DISEASES rise to II UN DERLYIN OTHER SIGNI TO THE DEA DISEASE OR 0 194. DATE O OR CONTRIB DEATH (notified)	ANTECEDENT CAUSE OR CONDITIONS, if ne above cause (A) G CONDITION lost. III IFICANT CONDITIONS CONTINUE TO THE CONDITION OF	ony, giving only stating the ONTRIBUTING THE TERMINAL ART 1 (A). NOITION FOR REFORMED	(C)	20A. AUTOPSY? (Yes Y CS in or obout 21 C. WHERE E office bldg., INJURY OCCI	or No) 208, IF YES, IN CERTIFY	WERE FINDI ING CAUSES	INGS CONSIDERED
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DISEASES rise to the UNDERLYIN OTHER SIGNI TO THE DEA TO THE	ANTECEDENT CAUSE OR CONDITIONS, if ne above cause (A) G CONDITION lost. II IFICANT CONDITIONS CONDITION GIVEN IN PA F OPERATION 198. CO WA5 PE ENT WAS UNDERLYING UTING CAUSE OF y medical examiner)	ony, giving only stating the only statin	(C)	20A. AUTOPSY? (Yes Y C S in or obout 21 C. WHERE E office bldg., INJURY OCCI 21 F. HOW DI	or No) 208, IF YES IN CERTIFY OLD UP:	WERE FINDI	INGS CONSIDERED OF DEATH? CS y, give exact location)
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DISEASES rise to the UNDERLYIN OTHER SIGNI TO THE DEA DISEASE OR OTHER DI	ANTECEDENT CAUSE OR CONDITIONS, if ne above cause (A) G CONDITION Iosi. IFICANT CONDITIONS CONTINUED TO CONDITION GOVERN IN PA FOPERATION 198. COWA5 PE ENT WAS UNDERLYING CAUSE OF y medical examiner) (Month) (Doy) (Year That (1) (this hospite) A that (1) (this hospite) The cause standard the causes standard from the causes standard causes cause	ony, giving ony, giving ony, giving stating the ONTRIBUTING THE TERMINAL ART 1 (A). ONDITION FOR REFORMED 21E hom etc. d) (Hour) 21E why did ally attended to	WHICH OPERATION 3. PLACE OF INJURY (e.g., ne, form, foctory, street, or ne, form) 3. INJURY OCCURRED Nat White At Work the deceosed from	20A. AUTOPSY? (Yes YCS in or about 21 C. WHERE E plffice bldg., INJURY OCCI 21F. HOW DI 12 1-24- 19 69 a view the bady after de	or No) 20B, IF YES, IN CERTIFY OF OID OF OID OF OIR OF OIR	WERE FINDI ING CAUSES Boltimore City	INGS CONSIDERED OF DEATH? OF DEATH? Of Death (Constitution)
DISEASES rise to the UNDERLYIN OTHER SIGNI TO THE DEAD DISEASE OR TO THE DEAD DISEASE OR TO THE DEAD DISEASE OR TO THE DEATH (notification of the property of	ANTECEDENT CAUSE OR CONDITIONS, if ne above cause (A) G CONDITION Iosi. IFICANT CONDITIONS CONTINUED TO CONDITION GOVERN IN PA FOPERATION 198. COWA5 PE ENT WAS UNDERLYING CAUSE OF y medical examiner) (Month) (Doy) (Year That (1) (this hospite) A that (1) (this hospite) The cause standard the causes standard from the causes standard causes cause	ony, giving ony, giving ony, giving stating the ONTRIBUTING THE TERMINAL ART 1 (A). ONDITION FOR REFORMED 21E hom etc. d) (Hour) 21E why did ally attended to	WHICH OPERATION 3. PLACE OF INJURY (e.g., ne, form, foctory, street, or ne, form) 3. INJURY OCCURRED Nat White At Work the deceosed from	20A. AUTOPSY? (Yes 7 CS in or obout 21C. WHERE E 21F. HOW DI 21F. HOW DI 12 CS 21F. HOW DI 21F. HOW DI 21F. HOW DI Med.	or No) 20B, IF YES, IN CERTIFY OF OID OF OID OF OIR OF OIR	WERE FINDI ING CAUSES Boltimore City	INGS CONSIDERED OF DEATH? CS v, give exact location)
DISEASES rise to the UNDERLYIN OTHER SIGNI TO THE DEA TO THE	ANTECEDENT CAUSE OR CONDITIONS, if the above cause (A) G CONDITION Iosl. II FICANT CONDITION S CONDITION GIVEN IN PA F OPERATION 178L ATED TO WAS PE ENT WAS UNDERLYING UTING CAUSE OF by medical examiner) (Month) (Doy) (Year That (I) (this hospital Last saw the decease and from the causes struck URE ANTE William Wa Type)	ony, giving ony, giving the stating the ony, giving the ony, giving the ony, giving the ony, giving the terminal art 1 (a). NOTRIBUTING THE TERMINAL ART 1 (a). NOTRIBUTING THE TERMINAL ART 1 (a). NOTRIBUTING THE TERMINAL ART 1 (a). ONTRIBUTING THE TERMINAL ART 1 (a).	WHICH OPERATION S. PLACE OF INJURY (e.g., ne, form, foctory, street, c.) INJURY OCCURRED Not White At Work the deceosed from	20A. AUTOPSY? (Yes 7 CS in or obout 21C. WHERE E 21F. HOW DI 21F. HOW DI 12 CS 21F. HOW DI 21F. HOW DI 21F. HOW DI Med.	or No) 208, IF YES IN CERTIFY OLD UR? (If in JURY OCCUR?	WERE FINDI ING CAUSES Boltimore City	ings considered OF DEATH? Solution 19 death accurred an DATE SIGNED
DISEASES rise to the UN DERLYIN OTHER SIGNITO THE DEAD DISEASE OR TO THE DEAD DISEASE OR TO THE DEAD DISEASE OR TO THE DEATH (notified or in Jury) 21. L. Certific that (I) (we ond hour or 23A, SIGNAT 23C, PHYSICI, NAME (I) (WE)	ANTECEDENT CAUSE OR CONDITIONS, if ne above cause (A) G CONDITION Iosi. IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ony, giving ony, giving ony, giving ony, giving ony, giving one on the standard of the terminal art 1 (a). ONTRIBUTING THE TERMINAL ART 1 (a). NOTITION FOR ERFORMED 21E who was allowed on a seed alive an arted above. (WHICH OPERATION B. PLACE OF INJURY (e.g., ne, form, foctory, street, or ne, form) INJURY OCCURRED Mile At North At Work The deceosed from We (did) (did not) The deceosed from Degree	20A. AUTOPSY? (Yes 1 C S in or about 21 C. WHERE E office bldg., INJURY OCCI 21F. HOW DI 12 C S view the bady after de ending Med. Director 23D. ADDRES 1940	or No) 20B, IF YES, IN CERTIFY (IF in JR? (If in JR?) (I	were finding Causes Boltimore City aur) opinion 238. enue, Ba	Ings considered of death? CS , give exact location) 19 death accurred an DATE SIGNED 6/10/69 1timore, Md. 2
DISEASES rise to the UN DERLYIN OTHER SIGNITO THE DEAD DISEASE OR TO THE DEAD DISEASE OR TO THE DEAD DISEASE OR TO THE DEATH (notified or in Jury) 21. L. Certific that (I) (we ond hour or 23A, SIGNAT 23C, PHYSICI, NAME (I) (WE)	ANTECEDENT CAUSE OR CONDITIONS, if ne above cause (A) G CONDITION Iosi. II IFICANT CONDITION S CONDITION GIVEN IN PA F OPERATION 179B. CO WAS PE ENT WAS UNDERLYING UTING CAUSE OF y medical examiner) (Month) (Doy) (Yeor y that (I) (this hospital) y that (I) (this hospital) ANTE WILLIAM W. EMATION, 124B. DATE	ony, giving ony, giving ony, giving ony, giving ony, giving the stationary of the terminal art 1 (a). NOTION FOR REFORMED	WHICH OPERATION S. PLACE OF INJURY (e.g., ne, form, foctory, street, c.) INJURY OCCURRED Not White At Work the deceosed from	20A. AUTOPSY? (Yes CS In or obout 21 C. WHERE E Office bidg., INJURY OCCI 21 F. HOW DI Company Med. Office bidg. Med. Off	or No. 208, IF YES IN CERTIFY OF OIL	were finding Causes Boltimory City aur) oplinian 238 enue, Ba	ings considered OF DEATH? Solution 19 death accurred an DATE SIGNED



V\$ 151-REV. 1/1/68

69 5954 BALTIMORE CITY HEALTH DEPARTMENT

69	595
OC	1.7.

ME BIRTH NO.	DICAL EXAMINER'S	S CERTIFICATE OF DEATH	H _{REG. NO.} 03 5954
1. NAME OF DECEASED	BUCKHETT	2. DATE Known Manth	Doy Year Hour
JAMES Royal	BUGKERT	OF	
4. PLACE IN BALTIMORE, MARYLAND,		3. DATE Stimoted X	Doy Yeor Hour
ULL NAME OF (IF NOT IN HOSP	TAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD June	10 1060 0 10 1
R NS TUTO A ADDRESS OR LOC	WENDED-10/	5. USUAL RESIDENCE (Where deceased liv	
TIFICATE A	AILIADED	A. STATE	B. COUNTY
Mercy Hospital		Maryland	D INSIDE CITY HAVES
	8. MARRIED NEVER MARRIED		D. INSIDE CITY LIMITS?
male white	WIDOWED DIVORCED		YES 🔣 NO 🗌
last birthe	(In years If Under 1 Yr. If Under 24 Manths, Doys, Hours	Hrs. E. STREET AND NUMBER 1101 N. Calvert	Street
1. BIRTHPLACE (State ar fareign country)	12. CITIZEN OF	13. FATHER'S NAME	
Baltimore	WHAT COUNTRY?	JAMES BUCKH	2.17
AA.USUAL OCCUPATION (Give kind of wo		ISTRY 15. MOTHER'S MAIDEN NAME	014
one during most of warking life, even if retired)		
CCOUNTAINT	ED FORCES? 17. SOCIAL	18. INFORMANT	ADDRESS
es, na ar unknown) (If yes, give war or date	s, of service) SECURITY NO.	- 1, - , , , , , ,	
YES \$118/62-5	17/65 215-40-50	111111111111111111111111111111111111111	4418 PANKTEN St.
7 9 5 3 XI	CAUSE OF	DEATH /	BETWEEN ONSET AND DE
DISEASE OR CONDITION DIE	ECTLY Asph	yxia by Ligature	
LEADING TO DEATH	(A)IMMEDI.		
(This does not meon the mode of heart lailure, asthenia, etc. It meons	dying, e.g., DUF TO	OR AS A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST	ATING THE	OR AS A CONSEQUENCE OF:	
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED I DISEASE OR CONDITION GIVEN IN	O THE TERMINAL		
20A. DATE OF OPERATION 20B. CO	ONDITION FOR WHICH OPERATION	N WAS PERFORMED	21. AUTOPSY? (Yes or No) Yes
22A. EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIB-	22B. PLACE OF INJURY	e.g., In or about 22C. WHERE DID (If in Boltimore office bldg., etc.) INJURY OCCUR?	e City, give exact location)
UTING CAUSE OF DEATH.	jail ce	11 Cell #7, Centra	1 Police Station
	ar) (Haur) 22E.INJURY OCCUR	RED 22F. HOW DID INJURY OCCU	R?
OF INJURY (APPROX.) 6/10/69 2:	10 A. m. WHILE AT WORK	NOT WHILE Subj. hung him	self in iail
23.	23 222 111, 110111	AT WORK ELL BOOST	Jozef Lit Jozef
I certify that I held on	Inquiry Inspection	Autopsy A ond that on this basis,	deoth in my opinion
resulted from: Notural co	ouses Accident Su	vicide X Homicide Undetermin	ed manner
	7 / 1		[X]
ACTUAL	Mul	ASSISTANT MEDICAL EXAMINED	DATE SIGNED
SIGNATURE	11 mount	_M.D.	6/10/69
NAME (Type)	ell S. Fisher, M.D.	ASSOCIATE MEDICAL EXAMINER	
24A BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMET	ERY or CREMATORY 24D, LOCATION	(City, town, or county) (Stote)
6/13	169 Bolto Not1	Cem. BAlti.	more, Md.
SA. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
errini 1 a 106	- 1 2 2 2 7 // 1	4.0.	= 01

10/13/69 - Birth certificate of deceased. G-05295.

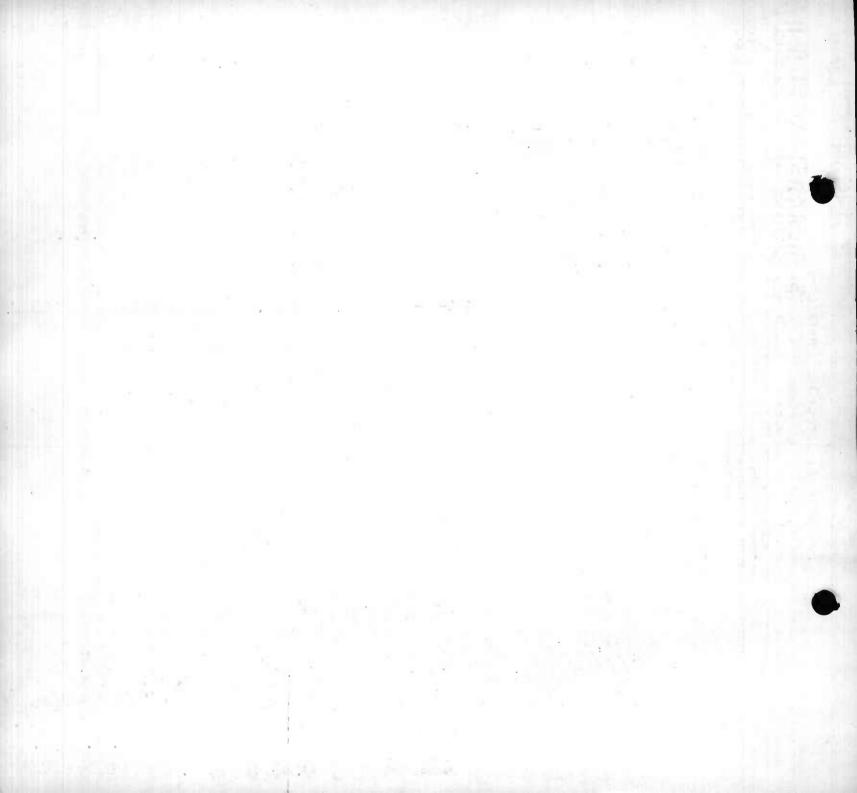
VS 151-REV, 1/1/68

69 5955 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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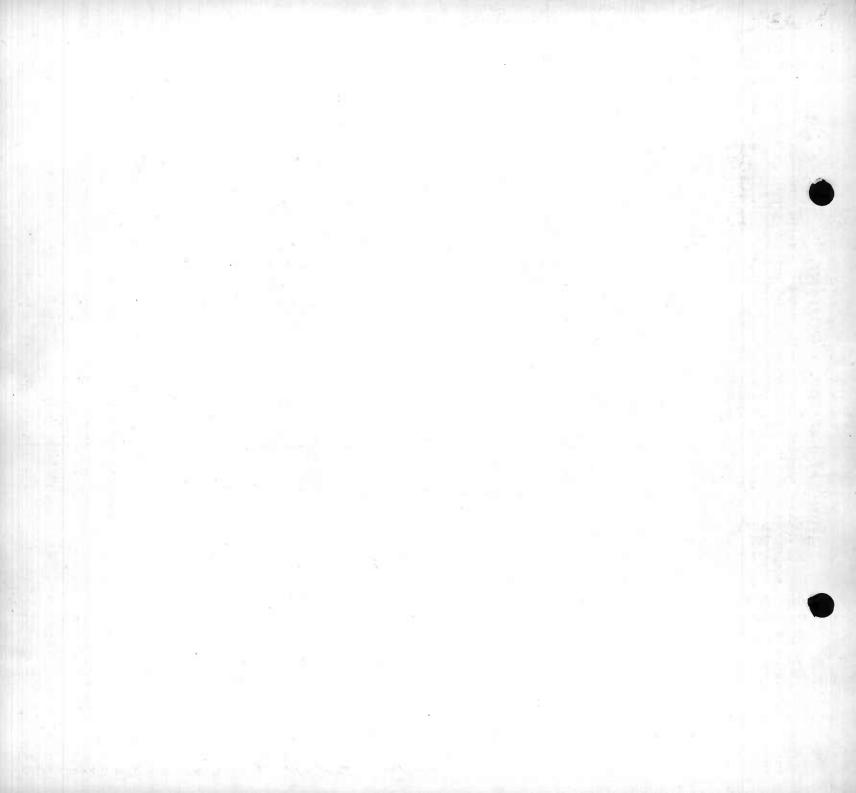
BIRTH NO.							* REG. NO	00	0000
1. NAME OF DEC				2. DATE	Known 🛣	Month	Doy	Year	Haur
(Type di TTIII)		LILA JON	ES	OF DEATH	Estimated \square	June 4	, 1969		
4. PLACE IN BAI			RONOUNCED DEAD	3. DATE	LINICED DE LA	Month	Day	Year	Hour
FULL NAME OF	(IF NOT IN I	HOSPITAL OR INS R LOCATION)	STITUTION, GIVE STREET	PRONO	UNCED DEAD	June 4	1969		9:44 P.
OR INSTITUTION					RESIDENCE (Where			residence b	
Jol	nns Hopkin	ns Hospi	tal (DOA)	A. STATE	Maryland		COUNTY	26	61-
6. SEX	7. RACE		RIED NEVER MARRIED	C. CITY OF			D. INSIDE CIT	Y LIMITS?	U p
Female	Negro		WED DIVORCED		Joppa				
9. DATE OF BIRT		AGE (In years	If Under 1 Yr, If Under 24 Hrs.	E. STREET	AND NUMBER		YES		ио Ц
X NOV 17	- 1917 lost	birthdoy) 51	Months Doys Hours Min.		1611 Man	hoston	Dood		
	State or foreign car		12. CITIZEN OF	13. FATHER		mester	Road		
113/10	21/1//	00	WHAT COUNTRY?		SSAC		WeL	1	
1/1/0 X3	, VIIII	5 C	USH	-	0	***	WEL	_	
done during most of			D OF BUSINESS OR INDUSTR	VIS. MOTH	R'S MAIDEN NA	ME	. /	110	1
				1/1 E	MALEIN	#PR	WEL	25	Lowe
16. WAS DECEAS (Yes, no or unknown	ED EVER IN U.S.			18. INFOR	MANT	T	ADI	DRESS	
NO			×218. 326968	HLP	hens	Jone.	8 0	OPP	A ML
19. 41	2.20		CAUSE OF DEA	TH					PROXIMATE INTERVA
DISEAS	E OR CONDITIO	N DIRECTLY	Hyportor	ocian o	ardžovasci	.lon die			een once and oc
	LEADING TO DEA		(A)IMMEDIATE (arugovasci	itar dis	ease		
(This does n	of meon the mode	e of dylng, e.g.,		AS A CONSE	QUENCE OF:				
Injury or car	, asthenio, etc. It me aplication which cou	used death.)							
	NTECEDENT CAU OR CONDITIONS		(B)	AS A CONSE	QUENCE OF:				
RISE TO TH	E ABOVE CAUSE ((A) STATING THE							
Z	NG CONDITION	LASI.	(c)						
OTHER SIGN TO THE DE DISEASE OF	II					T.			M11 = 11
OTHER SIGN	ITFICANT CONDITION ATH BUT NOT RELA								
DISE ASE OF	CONDITION GIVE	N IN PART 1 (A)	•						
20A. DATE O	OPERATION 201	B. CONDITION	FOR WHICH OPERATION W	AS PERFOR!	MED			21. AUTO	PSY? (Yes ar Na
120									No
	NAL CAUSE WAS		22B. PLACE OF INJURY (e.g., home, farm, foctory, street, offic	in ar about	22C. WHERE DID	(If in Baltimare	City, give exac	location)	
	OR CONTRIB-		monie, rarin, rociary, arreat, onic	e brag., erc.)	TOOK! OCCOR!				
≥ 22D. TIME		(Year) (Hou	r) 22E.INJURY OCCURRED		22F. HOW DID IN	JURY OCCUR	17	11-11	
OF INJURY (APPROX.)				WHILE					
23.			III. WORK			-			
I cert	ify that I held o	an Inquiry	Inspection X Au	topsy 🗌	and that an t	his basis, d	eath in my a	plnion	
resul	ted fram: Natur	al causes X	Accident Suicid	во 🗆 н	omicide 🗌	Undetermine	ed manner		
	(rn	2			CHIEF MEDICAL	r			
ACTUAL	(1).	1.15	A		ISTANT MEDICAL		_		DATE SIGNED
SIGNAT		AD 0.	M.D			-			
EXAMIN NAME (1	ullal	cles S. S	pringate, M.D.	ASS	OCIATE MEDICAL	EXAMINER 1	Jun	e 5,	1969
24A. BURIAL CRE	MATION, 248.	DATE	24C. NAME of CEMETERY	ar CREMAT	ORY / h 24D.	LOCATION	(City, town,	or county)	(State)
REMOVAL (Speci	fy) /	9/9	2 0			- 1010	7 1/-	- to	1 m
Burlo		101	Comman	1/x B	201.01	oppo	1 17018	101	· ac ///
25A. DATE REC'D	BY HEALTH DEPT		NAME OF REGISTRAR	/ 25C.	FUNERAL DIRECT	OR "	0	DRESS	
	Sec 1	1000 0	2. 00 00 0 not	1	1 11 11	1117	AH V	12,0	hen 7

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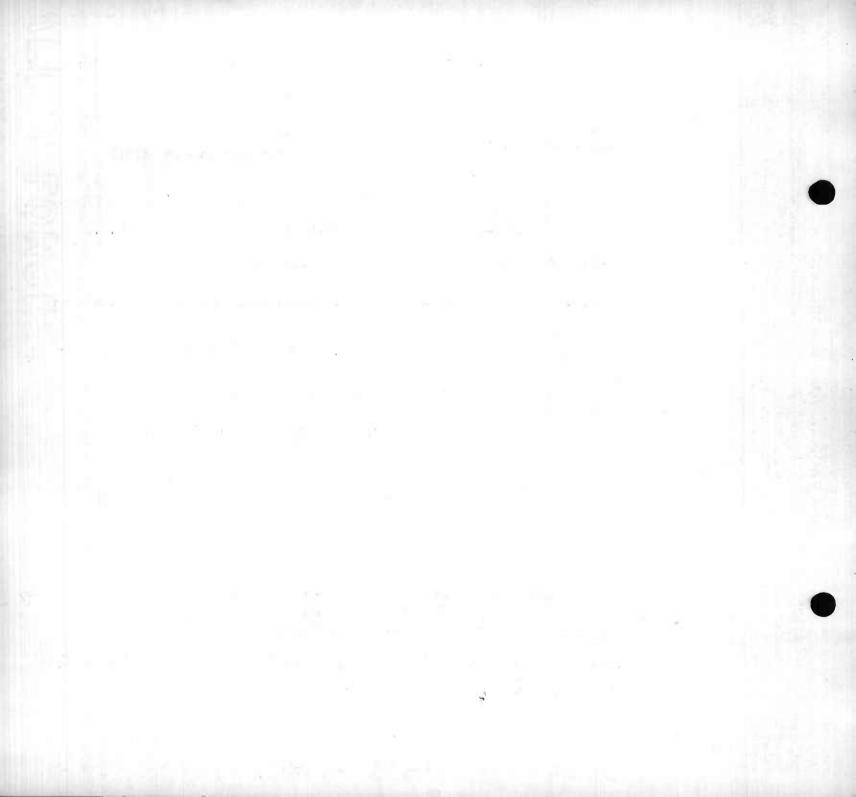


	T DECEASED HEN	MP, BAB	Y BOY			DATE AND HOUR OF		12.2
3. PLACE	N BALTIMORE M.	ARYLAND, WH	ERE PRONOUNC	ED DEAD	4. USUAL RESIDEN	CE (Where deceased I	ived. Il institution:	12:2
FULL NA	E OF (IF NO	T IN HOSPITAL	OR INSTITUTIO	N, GIVE STREET	MARYLAN			CO 21061
TUTITENI	N ST.	. AGNES	HOSPIT	AL	C. CITY OR TOWN	N	D. INSIDE CITY	LIMITS?
4	CAT	M 3 NO	ILKENS	AVES.	GLEN BUI	MREP	YES	No []
	BAL	_IIMORE	, MARYL	AND 21229	1618 PL	ASANTVILL	E DR.	52-11
5. SEX	6. RACE			NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yollost birthdox)	eors If Und	der 1 Ys., If Under 24
MAL		TE	WIDOWED	DIVORCED [06 05 69		Months	Doys Hours M
done during	nost of working life, e	ve king of work 10	B, KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (Stot	e or foreign country)	12 . C I	TIZEN OF WHAT COU
12 FATUE					MARYLAND		U	.S.A.
13. FATHE					14. MOTHER'S MAIL	DEN NAME		
CLA	TON HEMF	Ρ			BETTY (KIR	BY)		
(Yes, no or	known) (If yes, give	Armed Forces e wor or dotes	of service)	SOCIAL SECURITY NO.	17. INFORMANT		DDE MD	ADDRESS
					ST AGNE	S. BALTIMO	ODDS-CA	21229 ION & WILL
18.	7.7.XI			CAUSE OF DEATH		11031 1010	UNUS-CA	APPROXIMATE INTERV
1 /	ISEASE OR CON LEADING 1	DITION DIRECTO	CTLY		1 1.11	aturity		SELWEEN ONSEL AND D
(This	oes not meon the ilure, asthenio, et	e mode of dy	ing, e.g.,	(A) IMMEDIATE CAU	CONSEQUENCE OF:	arurely		
injury	r complication wh	hich coused de	e diseose, ioth.)					
	ANTECEDEN			(p)				
DISEA	ES OR CONDIT	MONS, if ony	, giving	DUE TO, OR AS	A CONSEQUENCE OF			***************************************
UND	LYING CONDITIO	ON lost.	oling ine	(c)				
Z	- 11							
2 TO TH	GNIFICANT COND	ELATED TO THE 1	TERAMENTAL					
A DISEAS	OR CONDITION GI	IVEN IN PART 1	(A).	H OPERATION	20A. AUTOPSY? (Ye	s or No. 208 IE VES	WERE EINDINGS	CONTINUE
			MED		No	IN CERTIFY	WERE FINDINGS NG CAUSES OF	DEATH?
~ /	CIDENT WAS UNE	DERLYING DESERTED	21 B. PLAC	E OF INJURY (e.g., in m, foctory, street, offi	or obout 21 C. WHERE	DID (II In	Boltimore City, gtv	re exact location)
U 21A. A		mined				JO K.		
21A. A OR CO DEATH	nonty medical exan		etc.)		III. Cara San La C			
21A. A OR CO DEATH	E (Month) (D		Houri 21E INJU	RY OCCURRED	21 F. HOW D	ID INJURY OCCUR?		
21 A. A OR CO DEATH	E (Month) (D		eica		21 F. HOW D	ID INJURY OCCUR?		
21 A. A OR CO DEATH OF INJ (APPRO	E (Month) (D RY)	Doy) (Year) (F	dourl 21E, INJU While At Work	Not While At Work	21F. HOW D	19 60 ta	IUNE 5	19 6
ZIA. A 21A. A 21	E (Month) (D RY) rtify that (X) (thi (we) last saw th	Doy) (Year) (F is haspital) at ne deceased g	Houri 21E, INJU While At Work ttended the de	Not While Al Work	21F. HOW E	1969 ta_	JUNE 5	th occurred on the
TO THE PROPERTY OF INJUING APPROPERTY OF INJ	E (Month) (D RY) rtify that (X) (thi (we) last saw th r and from the co	Doy) (Year) (F is haspital) at ne deceased g	Houri 21E, INJU While At Work ttended the de	Not While Al Work	21F. HOW E	1969 ta_	JUNE 5 ur) apinian dea	th occurred an the o
ZIA. A OR CO DEATH OF INJ (APPRO	E (Month) (D RY) rtify that (X) (thi (we) last saw th	Doy) (Year) (F is haspital) at ne deceased g	Houri 21E, INJU While At Work ttended the de	Not While At Work ceased fram LE 5) (dtd) (Xt)X Not) via	21F. How but 19 69 ew the bady after a	1969 ta_	ur) apinian dea	th occurred an the o
ZIA. A OR CO DEATH OF INJ (APPRO 22. 1 c that (1 and he 23A. Sto	E (Month) (D RY)) rtify that (X) (thi (we) last saw th r and fram the co	Doy) (Year) (F is haspital) at ne deceased g	Houri 21E, INJU While At Work ttended the de	Not While At Work ceased fram VE 5) (dtd) (Xt)(Yot) vid	21F. How but 19 69 ew the bady after a	1969 ta_ and that in May) (as eath.	ur) apinian dea	th occurred an the o
ZIA. A OR CO DEATH OF INJ (APPRO 22. 1 c that (1 and he 23A. Sto	E (Month) (D RY) rtify that (X) (thi (we) last saw th r and from the co	is haspital) at the deceased grants stated	tended the de	Not While AI Work ceased fram LE 5) (did) (XIX Xot) via	21F. HOW D 1UNE 5 19 69 while body after of the body after of t	1969 ta_ and that in (ny) (au leath. Staff Phys.	238, DAT	th occurred an the o
21A. A OR CC DEATH OF INJ	E (Month) (D RY) rtify that (X) (thi (we) last saw th r and fram the co IATURE	is haspital) at the deceased grants stated	tended the de allve on	Not While AI Work ceased fram LE 5) (did) (XIX Xot) via	21F. HOW D 1UNE 5 19 69 where the bady after of the bady after	1969 ta_ and that in (ny) (au leath. Staff Phys.	238, DAT	TE SIGNED 7-69 MD.21229





VS 150-REV. 1/1/68



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	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
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69 5960 BALTIMORE CITY	HEALTH DEPARTMENT
BIRTH NO. CERTIFICA	TE OF DEATH REG. No. 69 5960
1. NAME OF DECEASED	O DATE AND HOUSE OF DESIGN
(Type or Print) ROSA BUTLER	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE FRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE R. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Manyland 14-03 C. CITY OR TOWN D. INSIDE CITY LIMITS?
W 8	Baltimore YEST NOT
Maryland General Hospital	E. STREET AND NUMBER 1802 Eutaw
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs. Months; Doys Hours; Min.
WIDOWED M DIVORCED	1-30-33
10A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY
Source Machine Operator Goodwell Ind.	Baltimore US
Rost	14. MOTHER'S MAIDEN NAME Kate
15. Was Deceased Ever in U. S. Armed Forces? [Yes, no or unknown] [(If yes, give wor or doles of service) SECURITY NO.	17- INFORMANT ADDRESS
NO - 214-18-2368	Mrs Thelma Martin 3007 Chestnut Ave
IB. CAUSE OF DEATE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	a Oak tatas
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.	
injury or complication which caused death.)	
ANTECEDENT CAUSES	A CONSEQUENCE OF:
	A CONSEQUENCE OF:
inse to the above cause (A) stating the UNDERLYING CONDITION last. (C) ASCU	0
_ 11	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
▼ DISEASE OR CONDITION GIVEN IN PART) (A).	100 A A A A A A A A A A A A A A A A A A
WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form, factory, street, off DEATH (notify medical examiner)	or obout 21C. WHERE DID (If In Boltimore City, give exact location) injury occur?
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not While At Work	21F. HOW DID INJURY OCCUR?
22. I certify that (I) (this hospital) attended the deceased from 6	10 10/0 / 0 / 0
that (1) (we) last sow the deceased olive on 6-9	19 69 and that in (my) (aur) opinion death occurred on the date
and hour and from the causes stated above. (1) (We) (did) (did not) vi	ew the body after deoth.
23A. SIGNATURE	23 B. DATE SIGNED
DEGREE Phys.	
23C. PHYSICIAN'S NAME (Type) Jim Mc Phillips ARD 2	3D. ADDRESS
24A. BURIAL CREMATION, 24B. DATE 24C NAME OF CEMETERY OF CREE	MATORY 24D. LOCATION (City, town, or county) (Stote)
Bunal 6-12-69 Parkurad (T. D. L. J. M.
25A. DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	25C TUNERAL DIRECTOR ADDRESS
JUNI 2 1969 Junder E. Jaibel M.D.	Joseph Sery 814W 36 SI
VS 150-REV- 1/1/68	



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69 5961 BALTIMORE CITY HEALTH DEPARTMENT

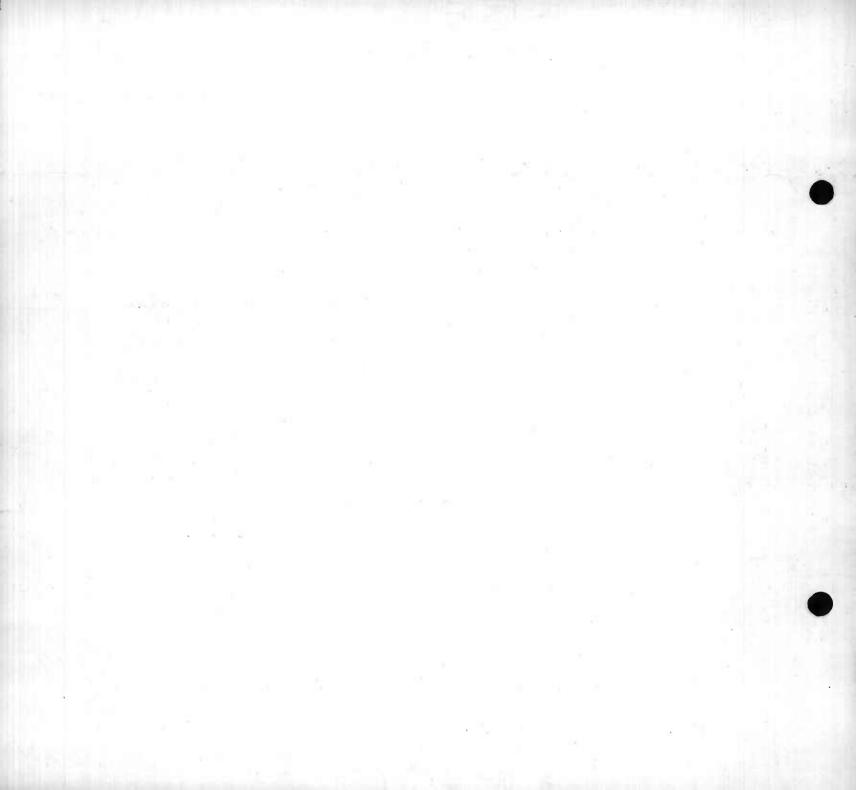
O O O O O O O O O O O O O O O O O O O	00
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG	. No

DIDTH NO		MED			AINER'S			F DEAT	H REG. NO.	69	5	961
I. NAME OF DI (Type or Print)	ECEASED THOMAS	N. H	BLANT	, Sr.		2. DATE OF DEATH	Knawn Estimated	Month June	Day 10,196	Yeor 9	Hour 3:3	0 P. M.
4. PLACE IN BA					D DEAD	3. DATE		Month	Doy	Yeor		- M.
FULL NAME OF HOSPITAL OR INSTITUTION		OT IN HOSPITA		STITUTION, GIV	VE STREET		RESIDENCE (Wh		10,196	9	3:	30 P.M.
	City Ho	spital				A. STATE	Marylan	d	B. COUNTY BALTI	MORE		dimission)
6. SEX Male	7. RACE Whit	:e		RIED 🗌 NEV	PER MARRIED DIVORCED	C. CITY O	R TOWN DUN	DALK	D. INSIDE C	ES	? NO 12	1
9. DATE OF BIR		10. AGE (In lost birthdoy	yeors		r. II Under 24 Hrs. ys Hours Min.		and Number unship Ro	ad			-	
11. BIRTHPLACE			лт		OUNTRY?	13. FATHE		DT AM	D			
		ve kind of work	14B. KIN		JSA ESS OR INDUSTR		LLIAM U		D			
done during mosto SUPE	RVISOR	ven ifretired)	F	ED. GO	.VC	MA	RTHA A.			22225		
16. WAS DECEA (Yes, no or unknow	n) (If yes, give	wor or dotes	of service	S? 17. S(CURITY, NO.	18. INFOR			A	DDRESS	SAME	
NO 119.				323/	14/17/41 CAUSE OF DEA		NCES M.	BLAND	. WIFE	200	DDRE	SS TE INTERVAL
DISEASES RISE TO TUNDERLY OTHER SIGN OTHER	LEADING T not mean the re, asthenia, et omplication wh ANTECEDENT S OR CONDIT HE ABOVE CA VING CONDIT CONTROL e mode of dy ic. If means the itich coused dec I CAUSES IONS, IF ANY AUSE (A) STAITION LAST. II ON DITIONS CO ON GIVEN IN PA	diseose, oth.) GOVING THE TERI	JTING MINAL).	(8) DUE TO, OR (C)	AS A CONSE							
O DAIE	OF OPERATIO	208. COP	יוטוווטוי	I FOR WHICH	OPERATION W	AS PERFOR	MED			21. AUI	yes	Yes or No)
UNDERLYIN	RNAL CAUSE IG OR CON AUSE OF DE (Month)	NTRIB-) (Но	home, lorm,	OF INJURY (e.g., loctory, street, office URY OCCURRED	e bldg., etc.)	22C. WHERE DI INJURY OCCUR 22F. HOW DID	? `		oct location		
(APPROX.)				m. WHILE A		VORK						
	ertify that I l		nquiry			topsy X	ond that or lomicide		deoth In my			
ACTUA SIGNA	AL STURE	hura	12	Ken	the	AS:	CHIEF MEDICA	L EXAMINER				SIGNED
	(Type) ROn		Korı				OCIATE MEDICA				1/69	Link
24A. BURIAL CR REMOVAL (Spe		13JUN	IE. 6		NE of CEMETERY	or CREMA1	ORY 24	D. LOCATION	(City, tow	n, or count	ty)	(Stote)
BURTAT. 25 A. DATE REC'	D BY HEALTH		_	NAME OF RE		250	BONSEAL DIRE	CJOR	Delli	ADDRESS	1.0	
VS 151-REV. 1/1/	TIIN	1 2 196		Sould Ex	Jaker K	a W	BROOK	S BRAD	LEY, &	UNDA	LK,	MD.

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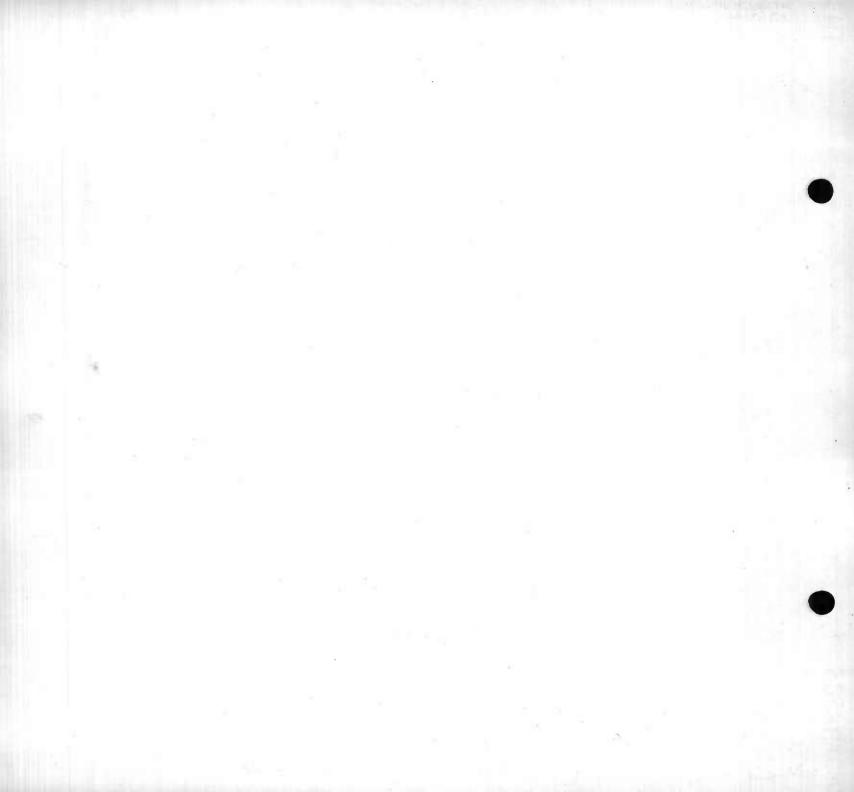
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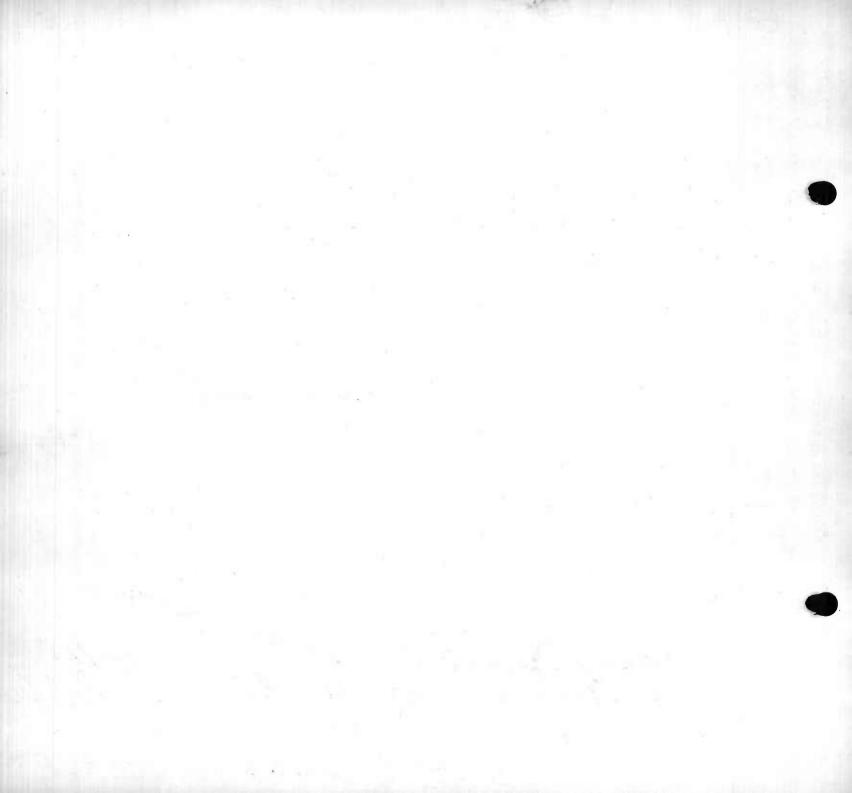
K	3201	69 5963 BALTIMORE CITY HEALTH DEPARTMENT 69 5963
	sed the the uch	BIRTH NO. CERTIFICATE OF DEATH REG. NO.
	N B B C	1. NAME OF DECEASED (Type or Print) BERTHA KATZ 2. DATE AND HOUR OF DEATH 6. 10. 69
	hospital ise of (5) Dec ance or death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: revidence before admission A, STATE B, COUNTY
		FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION INSTITUTION INSTITUTION INSIDE CITY LIMITS?
	- 30	BACTAMORE YES NO
	D.= L .	OAKFORD AUE, 4010 2121:
3	trib min gel sed	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Il Under 24 His Months Days Hours Min.
	con con eterin n re bredi	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BOSINESS OR INDUSTRY 11. BIRTHPLACE (State or larging country) 12. CITIZEN OF WHAT COUNTRY
	dea Tor Und as i	13. FATHER'S NAME 14. MOTHER'S MADENIANE 14. MOTHER'S MADENIANE
	# 5€ ¥ ± °°°	14. MOTHER'S MAIDEN NAME
Z	ath on on di	15. Was Deceased Ever in U. S. Armed Farces? [Ves,no or unknown] [II] yes, give war ar dotes of service] ADDRESS ADDRESS
RT/	assista if the ny kind nd deat lance o r final	(tres, no of unknown) (1) yes, give war at doles of service) SECURITY NO. Rev Katz 6251 Perples R
\mathbf{v}	DIE COOP F	CAUSE OF DEATH
<u> </u>	Also, e of a nounc atten med c	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE GANGRENE OF TOER
ä	er. Al	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
뎐 .	= c o - 5 E	ANTECEDENT CAUSES DIABETES
EC	xami xami y A fr who who are e	DISEASES OR CONDITIONS, if any, giving ise to the above cause (AI stating the UNDERLYING CONDITION last.
DIRECTOR	s; (3	UNDERLYING CONDITION last. (C) CHRONG LEBETT 14, COLE
- 4	medical medical burns; physicic an was remair	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CHRONIC HEART FAILURE
ES.	2 - 4 - 5 - 5	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 199-DATE OF OPERATION 199-CONDITION FOR WHICH OPERATION 200-AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
FUNERA	- S. C. C.	O ANGLENG 100 NO
Ξ.	by the cipital by ure; (2) B where till No phy d before	I TO CONTRIBUTING CITY, GIVE EXOCI (OCCITION)
:		DEATH (notify medical examiner) Control of the c
L	he hos ny nat except and (6	Wark At Work
	appropriate the three th	22. I certify that (I) (this hospital) attended the deceased from
	0 8 7 7	and have and from the causes stated above. (i) (We) (did) (did nat) view the bady after death.
	deast ident hospit deast must	23A. SIGNATURE 123B. DATE SIGNED
	r a acc	23C.PHYSICIAN'S NAME (Type) 7 23D. ADDRESS 23D. ADDRESS
	certificate sody was rest. (1) An a D.O.A. at assed prior ten approv	I.K. Chloca, Internet Sinol Hospital
		24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stole)
	4 5 0 2	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
i	the show	JUNI 2 1969 Jalen E Gally RD Sylands, Jews & Son 9610 Revolution
		VS 150-REV. 1/1/68





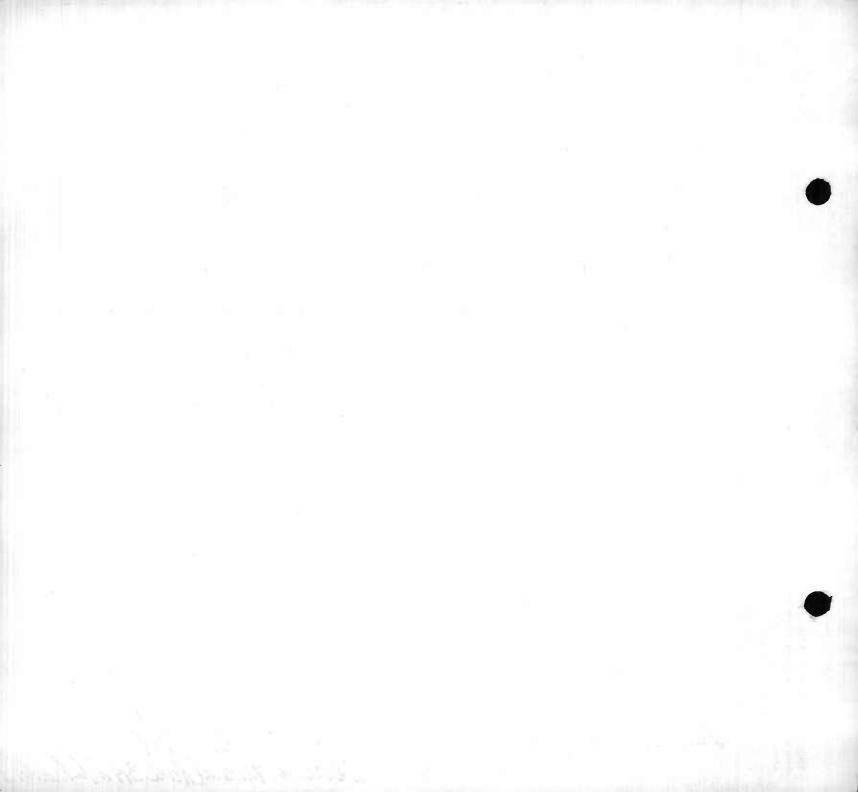


VS 150-REV. 1/1/68



BIRTH NO.	68		BALTIMORE CITY			4 5000
		3 596	CERTIFICA	TE OF DEATH	REG. NO.	0 000/
	EASED				D HOUR OF DEATH	
	SCHMIDT, MA				B HOUR OF DEATH	12:12A.M.m
3. PLACE IN BAL	TIMORE, MARYLAND,	WHERE PRONO	UNCED DEAD	A. STATE B. COUN	e deceased lived. If inst	itution: residence before admission)
FULL NAME OF	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITU	JTION, GIVE STREET	BOX 129	HANOVER RD	Howard County City LIMITS?
INSTITUTION	ST. AGN	IES HOS	PTTAT,	HANOVER	ACT)	YES NO A
1.7			ILKENS AVE.	E. STREET AND NUMBER		120 110
40	_	ALTO MD		BOX 129	HANOVER R	D 63-00
5. SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr If Under 24 His.
MATE	WHITE	WIDOWED	= =	6/13/05	lost birthday)	Months Doys Hours Min.
	UPATION (Give kind of wo			11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY
done during most of	working life, even if retired)	B &	ORAIL			
13. FATHER'S NA	ME			Maryland	45	U.S.A.
				14. MOTHER'S MAIDEN NAM		
214		onnor		Unkno	wn	
15. Was Deceased (Yes, no or unknown	Ever in U. S. Armed Fo	orces? les of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS 21076
No			212-26-8566A	Mr. Oscar Schm	idt. Box 129	Hanover Road
18. / /	2/1		CAUSE OF DEATH			APPROXIMATE INTERVAL
DISEA	SE OR CONDITION D	IRECTLY	DO	g fracer 4	Hoan	BETWEEN ONSET AND DEATH
	LEADING TO DEATH		(A) IMMEDIATE CAU	ISE seise	belo "	" Lety
(This does r	nal mean the made o asthenia, etc. It mean	f dying, e.g., s the disease.		A CONSEQUENCE OF:		
	nplication which cause		0	- 1 B.	-1-1	mus
	ANTECEDENT CAUSE	S	(1)		recove	00 2//20
DISEASES (OR CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	24	A
	e abave cause (A) G CONDITION last	stating the	in oly	a cholo	an Alili	5 / MA
ORDERETHA			(C)		angle has the street of	
Z OTHER SIGNIE	II FICANT CONDITIONS CO	NTPIRITING				
E TO THE DEAT	H BUT NOT RELATED TO	THE TERMINAL				
19A. DATE OF	ONDITION GIVEN IN PA	NOITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FIL	NDINGS CONSIDERED SES OF DEATH?
19A. DATE OF	WAS PE	RFORMED			IN CERTIFYING CAU	SES OF DEATH?
	US WAS HADENIANIST	7 1010	BLACE OF INTURY /o a le			
	ITING CALLE OF		PLACE OF INJURI 18:50, I	n or obout 21 C. WHERE DID	(If In Baltimore	City, give exact location)
	NT WAS UNDERLYING [JTING CAUSE OF medical examines)	hom etc.	e, form, factory, street, of	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If In Boltimore	City, give exact location)
OR CONTRIBU	JTING CAUSE OF medicol exomlner	etc.	e, farm, factory, street, of	n or obout 21 C. WHERE DID fice bldg., INJURY OCCUR?		City, give exact location)
OR CONTRIBUTE OF INJURY	medicol exominer	(Hous) 21 & Whi	INJURY OCCURRED	21F. HOW DID INJ		Gity, give exact location)
OR CONTRIBLE DEATH (notify DEATH (notify OF INJURY (APPROX.)	(Month) (Day) (Year)	(Hous) 21E Whi	INJURY OCCURRED Ile At	21F. HOW DID INJ	URY OCCUR?	160
OR CONTRIBLE DEATH (notify OF INJURY (APPROX.)	medical examiner) (Month) (Day) (Year) that (IX (this hospital	(Hour 215, Whi Wa	INJURY OCCURRED Not While At Work he deceased from	21F. HOW DID INJ	URY OCCUR?	3/6919
OR CONTRIBLE DEATH (notify OF INJURY (APPROX.) 22. I certify that (DX(we)	medical examiner) (Month) (Day) (Year) that (IX (this hospital last saw the decease)	(Hous) 21E Whi Wa II) attended the	INJURY OCCURRED Ile At Not While At Work the deceased fram 6/8/69	21F. HOW DID INJ	URY OCCUR?	160
OR CONTRIBLE DEATH (notify OF INJURY (APPROX.) 22. I certify that (DC(we) and haur and	that (I) (this hospitaliast saw the deceased from the causes sto	(Hous) 21E Whi Wa II) attended the	INJURY OCCURRED Ile At Not While At Work the deceased fram 6/8/69	21F. HOW DID INJ	URY OCCUR?	3/6919
OR CONTRIBLE DEATH (notify OF INJURY (APPROX.) 22. I certify that (DX(we)	that (I) (this hospitaliast saw the deceased from the causes sto	(Hous) 21E Whi Wa II) attended the	INJURY OCCURRED Ile At Not While At Work The deceased fram 6/8/69 (We) (did) (did not) v	21F. HOW DID INJ	ury occur? 9ta6/8 pt in(My) (aur) apini	3/6919
OR CONTRIBLE DEATH (notify OF INJURY (APPROX.) 22. I certify that (DC(we) and haur and	that (I) (this hospitaliast saw the deceased from the causes sto	(Hous) 21E Whi Wa II) attended the	INJURY OCCURRED The At Work The deceased fram	21F. HOW DID INJ	ury occur? 9ta6/8 pt in(My) (aur) apini	3/6919 an death accurred an the date
OR CONTRIBLE DEATH (notify 21D-TIME OF INJURY (APPROX.) 22. I certify that (DX(we) and haur and 23A. SIGNATI	that (N) (this hospital last saw the deceased from the causes sto	(Hous) 21E Whi Wa II) attended the	INJURY OCCURRED le At Not While At Work he deceased fram 6/8/69) (We) (did) (did not) v OEGREE Physical Attemption of the control of th	21F. HOW DID INJ	URY OCCUR? 9ta6/8 pt in(My) (aur) apini	3/6919 an death accurred an the date
OR CONTRIBLE DEATH (notify OF INJURY (APPROX.) 22. I certify that (DC(we) and haur and	that (N) (this hospital last saw the deceased from the causes sto	(Hous) 21 E. Wh. Wa was all attended the address of the analysis of the address o	INJURY OCCURRED Ile At Not While At Work the deceased from 6/8/69) (We) (did) (did not) vocage Attempts Physical Physical Attempts Physical Phys	21F. HOW DID INJ	ury occur? 9ta6/8 at in (My) (aur) apini Staff	3/69 19an death accurred an the date
OR CONTRIBLE DEATH (notify 21D-TIME OF INJURY (APPROX.) 22. I certify that (DX(we) and haur and 23A. SIGNATL 23C. PHYSICIA NAME (T	that (I) (this hospite last saw the deceased from the causes stopped or Bruce	(Hour) 21E, Whi Wa	INJURY OCCURRED The At Work The deceased fram 6/8/69 (We) (did) (did not) v Atterphysical Accuracy of the physical a	21F. HOW DID INJ 22F. HOW DID INJ 22F. HOW DID INJ 22F. HOW DID INJ 23F. HOW DID INJ 24F. HOW DID INJ 25F. HOW DID	ury occur? 9ta6/8 pt in (hy) (aur) apini Shaff	3/6919 an death accurred an the date
OR CONTRIBLE DEATH (notify 21D-TIME OF INJURY (APPROX.) 22. I certify that (DX(we) and haur and 23A. SIGNATL 23C. PHYSICIA NAME (T	that (N (this hospital last saw the deceased from the causes storing points) Dr. Bruce MATION, 248, DATE AMATION, 248, DATE	(Hour) 21E, Whi Wa was a steel alive an arted abave. (I	INJURY OCCURRED Ile At Not While At Work Not Work At Work Not While At Work Not While At Work Not While At Work Not While At Work At Work OEGREE Physical OEGRE	21F. HOW DID INJ 22F. HOW DID	ury occur? 9ta6/8 at in(hy) (aur) apini Shaff Phys treet, Elkric ocation (City,	an death accurred on the date 238, DATE SIGNED dge, Maryland town, or county) (Stole)
OR CONTRIBLE DEATH (notify DEATH (notify OF INJURY (APPROX.) 22. I certify that (DX(we) and haur and 23A. SIGNATL 23A. SIGNATL 24A. BURIAL CRE REMOVAL (BURIAL CRE	that/(1) (this hospital last saw the deceased from the causes story per Dr. Bruce MATION, 248, DATE 6-11-6	(Hous) 21E White Wall attended the dalive an attended above. (I	INJURY OCCURRED Not While At Work ne deceased fram 6/8/69) (We) (did) (did not) v OEGREE The DEGREE The DEG	21F. HOW DID INJ	Shoff Carlon (City, Vinfield Carlon (City, Vinfield Carlon)	an death accurred on the date 238. DATE SIGNED dge, Maryland town, or county) (Stole) arroll Maryland
OR CONTRIBLE DEATH (notify DEATH (notify OF INJURY (APPROX.) 22. I certify that (DX(we) and haur and 23A. SIGNATL 23A. SIGNATL 24A. BURIAL CRE REMOVAL (BURIAL CRE	that (Month) (Doy) (Year last saw the deceas d from the causes sto JRE Dr. Bruce MATION, 248, DATE 6-11-6 BY HEALTH DEFT.	(Hour) 21E Whive war was a second of the war was a sec	INJURY OCCURRED Not While At Work ne deceased fram 6/8/69) (We) (did) (did not) v OEGREE The DEGREE The DEG	21F. HOW DID INJ	Shoff Carlon (City, Vinfield Carlon (City, Vinfield Carlon)	an death accurred on the date 238, DATE SIGNED dge, Maryland town, or county) arroll Maryland Address
OR CONTRIBLE DEATH (notify DEATH (notify OF INJURY (APPROX.) 22. I certify that (DX(we) and haur and 23A. SIGNATL 23A. SIGNATL 24A. BURIAL CRE REMOVAL (BURIAL CRE	that (M) (this hospital last saw the deceased from the causes stored by the course of the causes of	(Hour) 21E Whive war was a second of the war was a sec	INJURY OCCURRED Ile At Not While At Work Not Work At Work Not While At Work Not While At Work Not While At Work Not While At Work At Work OEGREE Physical OEGRE	21F. HOW DID INJ	Shoff Carlon (City, Vinfield Carlon (City, Vinfield Carlon)	an death accurred on the date 238. DATE SIGNED dge, Maryland town, or county) (Stole) arroll Maryland

VS 150-REV. 1/1/6B



IMPORTANT

DIRECTOR:

approved



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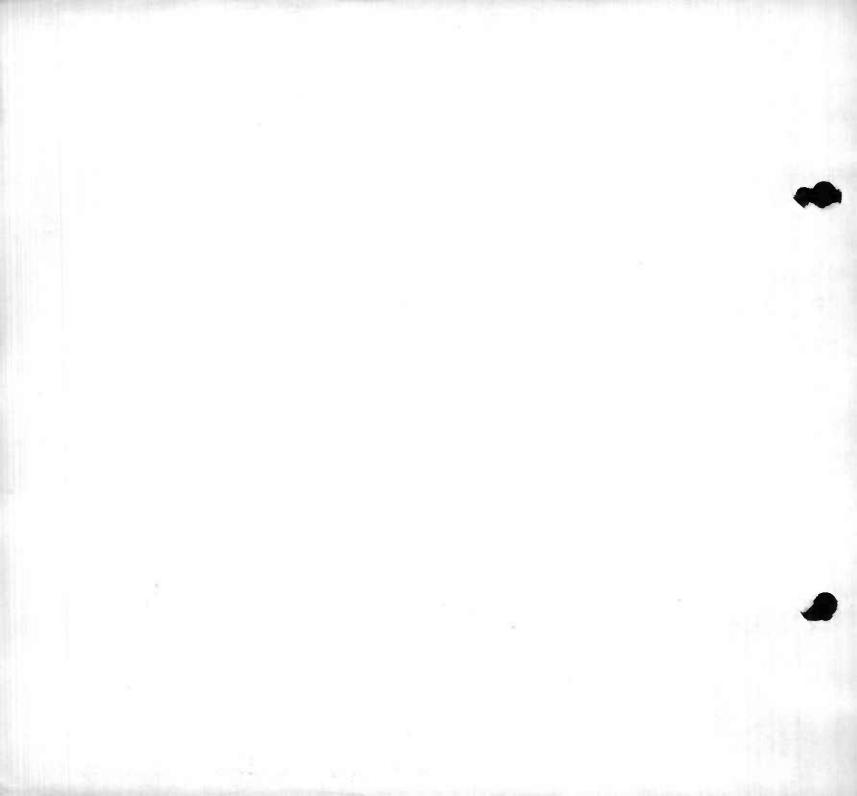
69 5970 BALTIMORE CITY HEALTH DEPARTMENT

	000	0		
MEDI	CAL	EXAMINER'S	CERTIFICATE OF DEATH REG NO 69	59

BIRTH NO.	EXAMINER 3	LEKTIFICATE OF DEATH	REG. NO.	03 3370
1. NAME OF DECEASED		2. DATE Known Month	Day	Yeor Hour
(Type or Print) JIMMIE C. DEAN		OF 5.1.1.		12:45 P.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PROJ	NOUNCED DEAD	3. DATE Estimoted June 9	Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION) OR INSTITUTION	ITION, GIVE STREET	PRONOUNCED DEAD June 9	,1969	12:45 P.M.
UNION MEMORIAL HOSPITAL		5. USUAL RESIDENCE (Where deceased live A. STATE MARYLAND B.	d. If institution: resi COUNTY	dence before odmission)
6. SEX 7. RACE B. MARRIET	NEVER MARRIED		D. INSIDE CITY LI	MITS?
Male Negro WIDOWE		BALTIMORE	YES	No 🗆
lost birthdoy) 27 Me	Under 1 Yr. If Under 24 Hrs.	1323 Greenmount Av	zeniie	
2-7-1938 JI. BIRTHPLACE (State or foreign country) 12	CITIZEN OF	13. FATHER'S NAME	Citae	
	WHAT COUNTRY?	Mack Dean		
Fairmount, N. C.				
done during most of working life, even if retired)				
Laborer Pain		Annie Woodley		
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)	17. SOCIAL SECURITY NO.	18. INFORMANT Mack Dean	ADDRE	SS
yes 14Sep 61 - 9 Mar 6	3	1323 Greenmount Ave.	21202	
19.	CAUSE OF DEA	TH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Multipl	e traumatic injuries		DETITION OF A TO DEATH
LEADING TO DEATH	(A) IMMEDIATE C			
(This does not meon the mode of dying, e.g., heort foilure, osthenio, etc. It meons the diseose, injury or complication which caused death.)	DUE TO, OR A	AS A CONSEQUENCE OF:		
index of complication which caused dealin.				
ANTECEDENT CAUSES	(B)	1985-5-1-188-4		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO, OR	AS A CONSEQUENCE OF:		
UNDERLYING CONDITION LAST.	(c)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAD DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FO				
20A. DATE OF OPERATION 20B. CONDITION FO	R WHICH OPERATION WA	AS PERFORMED	21.	AUTOPSY? (Yes or No)
0 /				yes
Z 22A. EXTERNAL CAUSE WAS 22E	B. PLACE OF INJURY(e.g.,	in or obout 22C. WHERE DID (If in Boltimore	City, give exoct loc	
UTING CAUSE OF DEATH.	7	e bldg., etc.) INJURY OCCUR?	0	0-00
OF INITION	WHILE AT 2 NOT	22F. HOW DID INJURY OCCUR		
(APPROX.) ? m.		WAILE Crushed between	truck and	wall
I certify that I held an Inquiry	Inspection Au	tapsy x and that an this basis, d	eath in my apin	ion
resulted fram: Natural causes	AccidentXX Suicid		ed manner	
() ,0,1	/ /	CHIEF MEDICAL EXAMINER		
SIGNATURE (Mula V)	and	_	\vec{z}	DATE SIGNED
EXAMINER'S NAME (Type) Ronald N. Korn	blum, M.D.	ASSOCIATE MEDICAL EXAMINER		6/9/69
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION	(City, town, or	
Burial 6-13-1969	Baltimore Nat		, Marylan	d
	AE OF REGISTRAR	25C. FUNERAL DIRECTOR 1735		\$e. 21213
7011-7 1000	5 4 11-	015 9 0 0		

6/16/69- Pedestrean tuel to alog truck from drifting -crushed between truck

VS 150-REV, 1/1/65





IMPORTANT

DIRECTOR:

VS 150-REV. 1/1/68



VS 150-REV. 1/1/68

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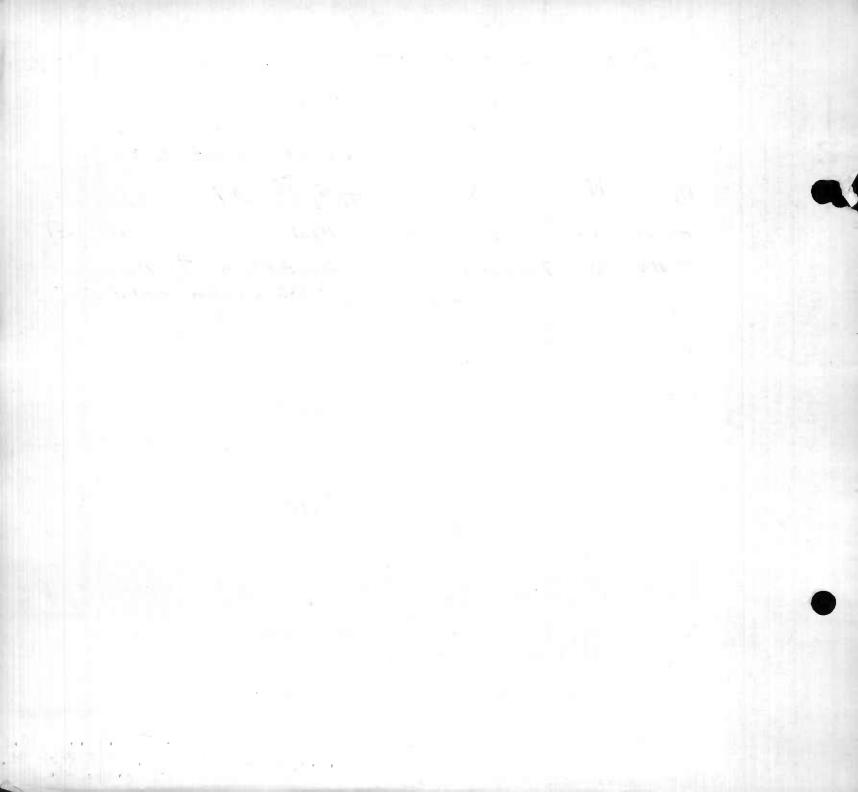
CO		HEALTH DEPARTMENT	REG. NO.	69 5974
DIKITI 140.	5974 CERTIFICA	TE OF DEATH	KEO. 110	
1. NAME OF DECEASED		2. DATE A	ND HOUR OF DEATH	
ADAMS, V	WILEERT BUSTER	Ju	ne 7, 1969	7:00 A M.
3. PLACE IN BALTIMORE, MARYLAND, V	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Who	ere deceosed lived. If i	nstitution: residence before admission
FULL NAME OF (IF NOT IN HOSPIT	TAL OR INSTITUTION, GIVE STREET	Maryland		20-07
HOSPITAL OR ADDRESS OR LOC.	ATION)	C. CITY OR TOWN	D. INS	SIDE CITY LIMITS?
yeterans admir	nistration Hospital	Baltimore		YES X NO
Baltimore, Mar		E. STREET AND NUMBER		
Duronic, in	Janu Rikio	2219 W. Sarate	oga Street	
SEX 6. RACE	7- MARRIED K NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years	If Under 1 Yr., If Under 24 Hrs.
Male Negro	WIDOWED DIVORCED	4-23-09	9. AGE (in years last birthday) 60	Months Days Hours Min.
DA. USUAL OCCUPATION (Give kind of world		11. BIRTHPLACE (Stote or fore	eign countryl	12. CITIZEN OF WHAT COUNTRY
one during most of working life, even if retired)				
Truck driver	Unknown	Maryland		U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Columbus Adams		Belle Johnson		
es, no or unknown! (If yes, give wor or dote	rces? 16. SOCIAL	17. INFORMANT	Records	ADDRESS
Yes 1-1-43 to 10		TIA II		
18. / 13 / 15	0-13-45 212-20-2564 CAUSE OF DEAT	va nosp. 3900	Locn Raven l	Blvd. Balto. Md 212
14/dil		al Insufficieny	Probable	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DI				41
(This does not mean the made of	dying, e.g.,	USE Ventricular F.	TOLITIATION	***************************************
heart failure, asthenia, etc. It means	the disease	Artery Disease	and	
	TT		and	
ANTECEDENT CAUSES				
rise to the obove cause (A)	ony, giving DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION last	(C)			1
11	()			
OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING			
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION GIVEN IN PAR 19A-DATE OF OPERATION 19B. CON WAS PERI 21A-ACCIDENT WAS UNDERLYING	HE TERMINAL		******************************	
19A. DATE OF OPERATION 198. CON	IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or N		FINDINGS CONSIDERED
WAS PER	FORMED	Yes	IN CERTIFYING CA	USES OF DEATH? Yes
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., i home, form, foctory, street, a		(If In Boltimo	re City, give exoct locotion)
DEATH (notify medical examined)	home, form, foctory, street, at	tice bidge INJURY OCCUR?		
21D. TIME (Month) (Doy) (Year)	(Hour) 21 E. INJURY OCCURRED	21F. HOW DID IN	Illay occurs	
OF HAJOKI	While At Not Whil		IORI OCCUR!	
(APPROX.)	Work At Work			
22. I certify that (M) (this haspital) attended the deceased from	April 30,	19 69 to Jur	ne 8, 19 69
that (X) (we) last saw the decease	T A	19 69 and th		nion death accurred an the date
and have and from the causes star	ted abave. (F (We) (did) (didian) v			
23A. SIGNATURE	red dbove: (+) (me) (did) (dra-day) (lew the body offer death.		238, DATE SIGNED
	-000 C 40 Au	nding Med.	Stoff EE	ZJR. DATE SIGNED
N NOON			AI XX	10/6/10 7
S. Nass	DEGREE PRY		Shaff Phys.	1 4/8/8/
23C. PHYSICIAN'S NAME (Type)	DEGREE PRY	23D. ADDRESS	Phys.	19/8/8/
23G. PHYSICIAN'S NAME (Type)	DEGREE TRY	23D. ADDRESS		to. Md. 21218
23C. PHYSICIAN'S NAME (Type) S. Nasralle 4A. BURIAL CREMATION, [248. DATE	DEGREE PRY	3900 Loch Raver	n Blvd. Balt	ity, town, or countyl (Stole)
23C.PHYSICIAN'S NAME (Type) S. NASTALLE (A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	Bh M.D. DEGREE	3900 Loch Raver	n Blvd. Balt	ity, town, or county! (Stote)
23C. PHYSICIAN'S NAME (Type) S. NASTALLE 4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	ah M.D. DEGREE	3900 Loch Raver	n Blvd. Balt	



		59 5	975 BALTIMORE CITY	HEALTH DEPARTMENT		69 5975				
	IRTH NO.		CERTIFICA	TE OF DEATH	REG. NO					
	NAME OF DECEASED			2. DATE A	ND HOUR OF DEATH					
L	WARE, CLifton			6-11-69 1:05 A						
fl.	PLACE IN BALTIMORE, MARYLAND,			4. USUAL RESIDENCE (Where deceosed lived, II institution: residence before admissi						
[] H	ULL NAME OF (IF NOT IN HOSI IOSPITAL OR ADDRESS OR LO	TAL OR INST	TITUTION, GIVE STREET	Maryland		16.07				
l in	Veterans Admi	nistrat	ion Hospital	C. CITY OR TOWN Baltimore D. INSIDE CITY LIMITS?						
	2 3900 Loch Ray	en Boul	evard	E. STREET AND NUMBER		YES NO				
	Baltimore, Ma	ryland	21218	2904 Ellicott	Drive					
5.	SEX 6. RACE	7. MARRIE	D A NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	I If I ados 1 Ve III II - 1 - 04 II				
	Male Negro	WIDOWE		7-19-18	lost birthdoyl	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.				
10.	A. USUAL OCCUPATION (Give kind of we	rk 10B, KIND	OF BUSINESS OR INDUSTRE	11. BIRTHPLA CE (Side of fore	50	112 CITY OF WILLIAM				
do	me during most or working lite, even if felifed	Hamb	urgers		angir cooniny	12. CITIZEN OF WHAT COUNTRY				
12	Presser FATHER'S NAME	mens	clothing	King William	County, Va.	U. S. A.				
101				14. MOTHER'S MAIDEN NA	ME					
	William Ware			Evelyn Qualls						
15. (Ye	. Was Deceased Ever in U. S. Armed Fes, no or unknown) (If yes, give wer or de	orces? les of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT VA Hospital F	Records	ADDRESS				
7	Yes 2/8/43 - 2/	8/46	217-05-9753	3900 Loch Ray		034- 24-03-03-0				
	18.	7,40	CAUSE OF DEATH	1 1700 Dock Nav	ell prod. B	APPROXIMATE INTERVAL				
	DISEASE OR CONDITION D			Chronic activ	re liver	BETWEEN ONSET AND DEATH				
	LEADING TO DEATH		(A)IMMEDIATE CAU	se disease with	10 months					
	IThis does not mean the made of heart foilure, asthenia, etc. It mean	e the disease	1 //	CONSEQUENCE OF:	**********************					
	injury or complication which cause									
	ANTECEDENT CAUSE		(R)							
	DISEASES OR CONDITIONS, if	any, givin	g DUE TO, OR AS	A CONSEQUENCE OF:	***************************************					
	rise to the above cause (A) UNDERLYING CONDITION tost	slaling Ih	e (c)							
	11		(-)	***************						
NO	OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING	;							
ATI	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PA	THE TERMINAL	*****************			***********				
CERTIFICATION	19A. DATE OF OPERATION 19B. CO		WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE F	FINDINGS CONSIDERED				
ERT	0			No	IN CERTIFYING CAL	USES OF DEATH?				
¥	21A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	l 21 ho	B. PLACE OF INJURY (e.g., in ome, larm, foctory, street, offi c.)	or obout 21C, WHERE DID INJURY OCCUR?	(If In BoltImare	City, give exect location)				
EDIC	21D-TIME (Month) (Dov) (Year	(Hour 21	E INJURY OCCURRED	21F. HOW DID INJ						
¥	OF INJURY		hilo At Not While		ORY OCCUR?					
	Work At Work									
	22. I certify that MX(this hospita	l) ottended	the deceased framJ		19 69 to June	e 11, 1969				
		that (4) (we) last saw the deceased alive an June 11, 1969 and that in (44) (our) apinian death accurred on the date								
	and haur and from the couses sta	ted abave.]	IN (00(00)(9)(9)(9)	ew the body after death.						
	23A. SIGNATURE	12				23 B. DATE SIGNED				
		TI	Atten Phys.	ding Med. Director	Staff Phys.	June 11, 1969				
	23C. PHYSICIAN'S NAME (Type)	11 11 11	2:		och Raven Bo					
	YOUNG E.	CHUM,		-	ore, Marylan					
244	REMOVAL (Specily) 248. DATE	24C. N	AME of CEMETERY OF CREA			y, town, or county) (Stote)				
	13	0/	Z R 2.	A-1 1	1	red.				
25A	A. DATE REC'D BY HEALTH DEPT.	258 NAME	OF REGISTRAR	25C. EUNERAL DIRECTOR		The second secon				
			8 E. Jaber M.D.	25C, EUNERAL DIRECTOR	man.	12017 Callet				
/S	150-REV. 1/1/68	1 October		av Ti. Cr. Crist	7	12 14,50				

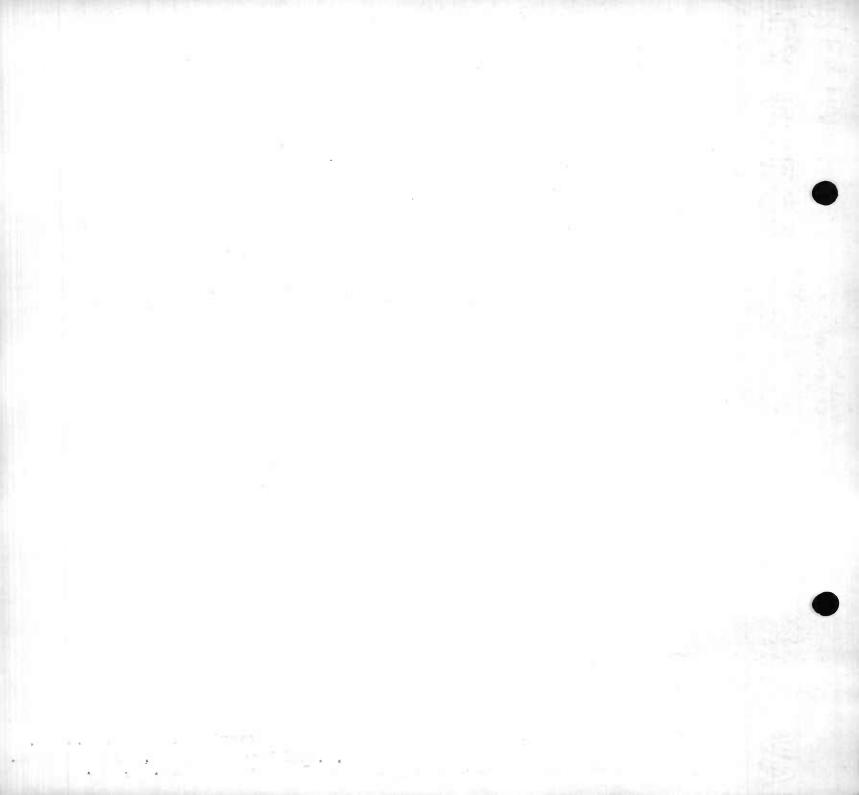
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		69 597	BALTIMORE CITY	HEALTH DEPARTMENT		69	5976
BIRTH N		69 597	CERTIFICA	TE OF DEATH	REG. NO	00	0076
	E OF DECEASED	C. A.	RMA COST		ND HOUR OF DEATH		630 P. M.
	NAME OF HE NOT IN ALOR POPESS OF	HOSPITAL OR INSTIT	UNCED DEAD	A. USUAL RESIDENCE (Wh A. STATE) B. COU	NTY	DE CITY LIMITS?	before ormission)
489	Ballo Messa	laut 8	zs.	E. STREET AND NUMBER	21212 A	VES X	NO
5. SEX	A 6. RACE	WIDOWED		4/15/80	9. AGE (In years	If Under 1 Yr. Months Ooys	Hours Min.
done duri	UAL OCCUPATION (Give kind ing most of working lite, even if OCSEWIFE HER'S NAME		N HOME	11. BERTHPLACE (State or for	10.	12. CITIZEN O	F WHAT COUNTRY?
J.	Deceased Ever in U. S. Am or unknown) (If yes, give wor	or dates of service)	A M1 16. SOCIAL SECURITY NO. 217-01-92.2	SAREP 17. INFORMANT 17. 17. 185 L	TA J.	RMACO	OST ONEL
heo	DISEASE OR CONDITION LEADING TO DO is does not mean the most loilure, osthenio, etc. It	ON DIRECTLY EATH ode of dying, e.g., meons the diseose,	(A) IMMEDIATE CAL	ISE Drmcho Am	en arm	APPR BETWEE	OXIMATE INTERVAL IN ONSET AND DEATH
DIS	ANTECEDENT C. ANTECEDENT C. SEASES OR CONDITIONS to the obove couse IDERLYING CONDITION IS	AUSES S, if ony, giving o (A) stoling the	(B)DUE TO, OR AS	al ather of C	lu mis	20	445.
A DISE	HER SIGNIFICANT CONDITION THE DEATH BUT NOT RELATE EASE OR CONDITION GIVEN	D TO THE TERMINAL IN PART 1 (A).					
C ERT	DATE OF OPERATION 191	AS PERFORMED		20 A. AUTOPSY? (Yes or N	IN CERTIFYING CAL	JSES OF DEATH	l?
OR DEA	CONTRIBUTING CAUSE CATH (notily medical examined	DF hon	ne, lorm, foctory, street, o	n or obout 21C, WHERE DID injury OCCUR?		e City, give exoct	igcotion)
OF I	PROX.)	Wh		21F. HOW DID IN.	0 6	1/12	6
that	I certify that (I) (this hat (I) (we) last saw the delibert and from the cause	aceased alive on	6/10/09	19 and the	hat in(my) (eur) opin	7 °C nian death occ	urred on the date
	PHYSICIAN'S	sew,	DEGREE Phy	nding Med. birector 23D/ADDRESS	Staff Phys.	6/1 d	NED YOU
	IRIAL CREMATION, 24B. DA	ISEINO ATE 124C. N	AME of CEMETERY OF CR	Usian Mai	LOCATION (CIT	ly, town, or coun	ty) (Stote)
Bu	urial 6/3	4/69	Parkwood	P	erkwille.B		
25A. DA	REV. 1/1/ 19	CO Pober	Registrar R. S.	15 W J ON KIN	& Sons C	1to 4905	York Rd



FUNERAL DIRECTOR: IMPORTANT

	60		HEALTH DEPARTMENT		69 5000				
1	TH NO.	5977 CERTIFICA	TE OF DEATH	Registered No	03 3377				
1.1	E. CASE NO.	1	2. DATE AN	D HOUR OF DEATH	11 F Co. 157 W.				
(Ту	pe or Print) Mdry , Woo	Hoh	6	-11-69	2:10 A M				
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceased lived. If ins	titution: residence before admission)				
	FULL NAME OF (If not in hospital or institu	tion, give street	MA.		27-17				
	HOSPITAL OR oddress or location)		C. CITY OR TOWN (If out	side city limits, write RL	JRAL and give township)				
~	Z-1 Culus South	Enilly has	Baltimor	e					
X	The Gunday Saint	e i wil live		rurol, give lacation)	4 ^				
	-		2. ST. Johns	s Mal Bal	timory, Md				
5. :		QWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.				
	- White	single	4-28-1885	84					
	L USUAL OCCUPATION (Give kind of work 10B, KIN the during most of working lile, even if retired)	The state of the s	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?				
	Social Service S	Tate	Many (a)	na	U.S.A.				
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	-				
	Richard Wootton		Elise (whitee					
15.	Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT	1 11 1	ADDRESS AT 12 ALL				
(Te	s,no or unknown) (If yes, give war ar dates of ser	security No.	Miss Eleach	or Islate, 4	00 University Brkun				
	18. 4 / 2	CAUSE O	E DEATH		INTERVAL BETWEEN				
	110010	CAUSE	PUENT		ONSET AND DEATH				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	73 - 2.	Te cardide til	billation	-Scherallyours				
	(This does not meon the mode of dying,		110000		3-04-14 61-1001-1				
	heart failure, asthenia, etc. It means the dis injury or complication which coused death.)	eose,							
	ANTECEDENT CAUSES	teriosclerofic h	rett diseas	Vears					
	DISEASES OR CONDITIONS, il ony, g	iving							
	rise to the obove couse (A) stoling the (C) UNDERLYING CONDITION lost.		istinal WITES		2 4 h 1- s				
Z	OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING							
ATION	TO THE DEATH BUT NOT RELATED TO	THE Atteriose	letosis general t	cetebral					
	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FI	NDINGS CONSIDERED				
ERTIFIC	9			CERTIFIC GAG	or beating				
U	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	n or about 21 C. WHERE DID	(If in Boltimore	City, give exact location				
CAL	DEATH (notify medical examiner)	etc.)							
03	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?					
2	(APPROX)	While At Not While At Work							
	Work Af Work								
	The transfer of the deceased from the deceased f								
	that (1) (web) lost saw the deceased alive on deceased on the date in (my) (suc) opinion death occurred on the date								
	and hour and from the couses stated about 23A. SIGNATURE	ve. (I) (%e) (did) (did not) v	riew the body offer deoth.		23 B. DATE SIGNED				
	A 4	M.D. Atte	ending Med.	Stoff	done il, 1969				
	Reichel K. Gimde		s. Director	Phys.	Bout It, It of				
	23C, PHYSICIAN'S NAME (Type)		23D. ADDRESS	12 ham 19	2d - Balto, 21229				
	Rochel K. Gun	M.D.							
24/	A. BURIAL CREMATION, 248. DATE 2. REMOVAL (Specify)	4C. NAME of CEMETERY OF CR	EMATORY 24D. LO	OCATION (City	, town, or county) (State)				
I	Burial 6/13/1969	Druid Ridge	Pil	kesville.	Balto Co. Md.				
25/	A. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	25C FUNERAL DIRECTOR	& Sons Co	12, Md.				
	JUN 1 3 1969 (obert E. Jaben Ki	FU. 2. A. Q.	Balto	12 Md.				
146	150 BEN 1/1/65	-							



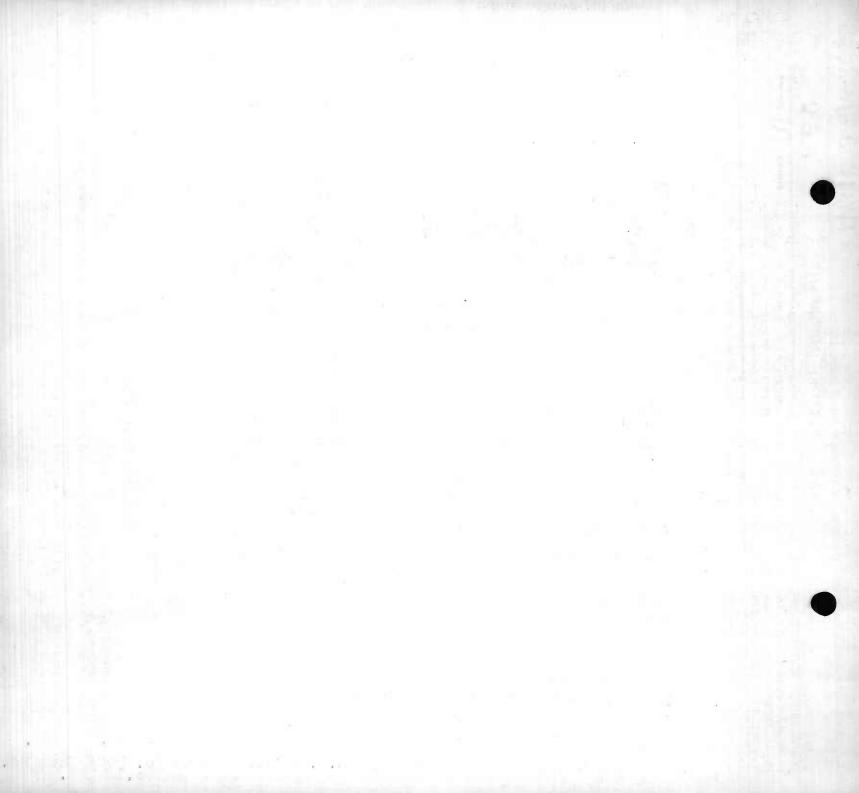
IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT





V\$ 150-REV. 1/1/6B

est reves . . . The (I) wash show it In . The Court of the . E . B 576 69 5981 BALTIMORE CITY HEALTH DEPARTMENT

69 5981

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO
BIRTH NO.	REG. NO.
I. NAME OF DECEASED KIRSCHNER CHARLES FIRSCHNER	2. DATE Known Month Doy Year Hour OF DEATH Estimated June 9,1969 1:00 P. M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION) OR INSTITUTION	PRONOUNCED DEAD June 9,1969 1:00 P. M.
00	5. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admission) A. STATE B. COUNTY
6. SEX 7. RACE 18. MARRIED TAISVER MARRIED TO	Maryland Jo. Inside City Limits?
MARKIED LINEVER MARKIED L	
Male White WIDOWED DIVORCED 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr, If Under 24 Hrs	Baltimore YES NO
Mar 1,1895 Ost birthday) Months, Days, Hours, Min	1029 W. Lombard Street
11. BIRTHPLACE(Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY2	13. FATHER'S NAME
Maryland WHAT COUNTRY?	Kirschner
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTI	
Taxi driver Cab	Catherine Hausner
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no ar unknown) (If yes, give wor or dotes of service) Yes WW I 17. SOCIAL SECURITY NO 213-05-767	'9 Wilbur Walters 2537 Christian Street
19. 4 / 0 4/ , CAUSE OF DE	ATH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY Arteri	osclerotic cardiovascular disease
LEADING TO DEATH (A)IMMEDIATE	CALISE
(This does not meon the mode of dying, e.g., heart foilure, asthenio, etc. It means the disease,	AS A CONSEQUENCE OF:
înjury or camplication which coused death.)	
ANTECEDENT CAUSES (B)	
	AS A CONSEQUENCE OF:
INDERIVING CONDITION LAST	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V	/AS PERFORMED 21. AUTOPSY? (Yes or No)
	no
	, in or about 22C, WHERE DID (If in Baltimore City, give exact lacation) ce bldg., etc.) INJURY OCCUR?
22D. TIME (Manth) (Day) (Year) (Hour) 22E INJURY OCCURRED OF INJURY	22F. HOW DID INJURY OCCUR?
(APPROX) WHILE AI NO	T WHILE WORK
I certify that I held an Inquiry Inspection 🛭 A	
resulted fram: Natural causes X Accident Suici	de Hamicide Undetermined manner
ACTUAL X & , 1 9/1/1	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE MUST SIGNATURE	ASSISTANT MEDICAL EXAMINER
EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER 6/9/69
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	ar CREMATORY 24D. LOCATION (City, tawn, ar county) (State)
Burial Jun 13. 69 Balto. Nati	onal Cem. Baltimore, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	Walters-Funeral Home Pratt&Stricker
JUN 1 3 1969 Justell E. Jacker, M.	Sts.
VS 151-REV. 1/1/6B	

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BALTIMORE CITY HEALTH DEPARTMENT

VS 150-REV. 1/1/68

IMPORTANT

FUNERAL DIRECTOR:

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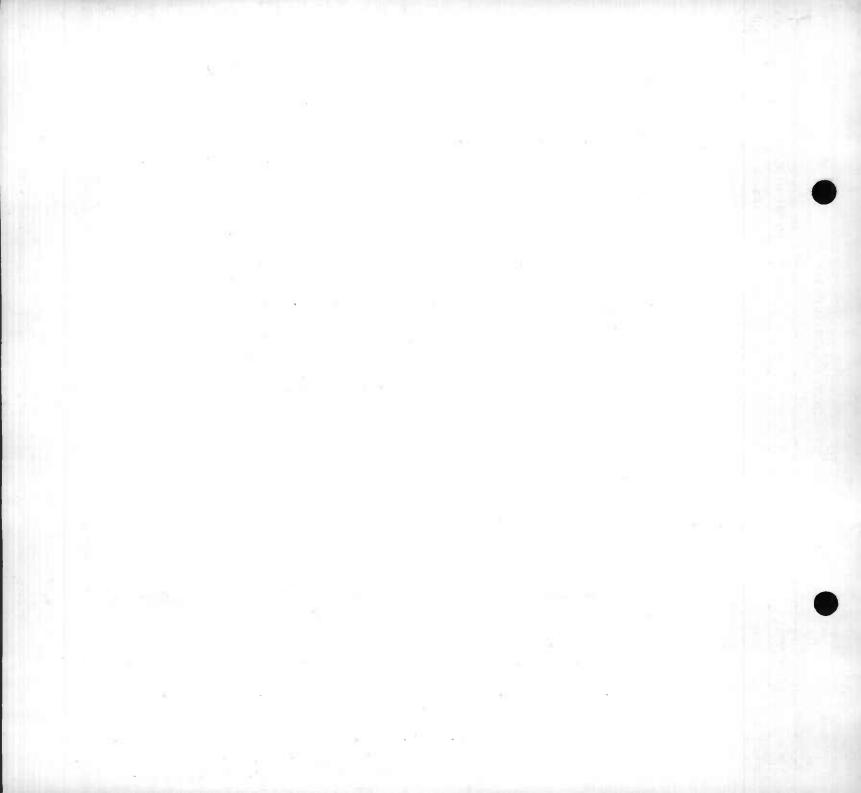
	CO	500	BALTIMORE CITY	HEALTH DEPARTMENT		00 5000
BIRTH NO.	69	239	CERTIFICA	TE OF DEATH	REG. NO	69 5983
I. NAME OF DE	CEASED				ND HOUR OF DEAT	
(Type or Print)	TRAVIS, LOUI	S ASHBY				
3. PLACE IN BA	LTIMORE MARYLAND, V			June	9, 1969	4:00 P
FULL NAME OF			UTION, GIVE STREET	Maryland	NTY	institution: residence before admiss
INSTITUTION				C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?
23 3	eterans Admin 900 Loch Rave	n Boule	on Hospital	Baltimore		YES 🔣 NO 🗌
	altimore, Mar			931 S. Charle	as Street	
• SEX	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Ye . If Under 24
Male	White	WIDOWED		8/1/15	last birthdoyl	Months Doys Hours Mi
A. USUAL OCC	UPATION (Give kind of worl			11. BIRTHPLACE (Stote or for	23	12 617771
one during most of	working life, even if retired)	Electi				12. CITIZEN OF WHAT COUN
		ETeco	LTG	Petersburg, Va		U.S.A.
3. FATHER'S NA				14. MOTHER'S MAIDEN NA		
	Travis			Maggie Baile	7	
5. Was Deceased les, no of unknown	Ever in U. S. Armed For	ces? es of service)	SECURITY NO.	VA Hospita	al Records	ADDRESS
Yes	213-10-5546	5,	2/45 - 12/20/	15 3000 Took	Parron Pland	Delt - M1 07 070
18.	4-61		CAUSE OF DEATH	4)))00 B001	maven bivu.	Balto Md 27218
DISEA	SE OR CONDITION DI	DECTIV				BETWEEN ONSET AND DE
0.000	LEADING TO DEATH	RECILI		01 1		
(This does	ngt meen the made al	dving. e.g.,	(A) IMMEDIATE CAU	SE Obstructive CONSEQUENCE OF:	emphysema	3 years
heart tailute.	asthenio, etc. It means	the disease	DUE IO, OR AS A	CONSEQUENCE OF:		
injury of car	nplicolian which caused	death.)				34.5
	ANTECEDENT CAUSES		Silicosi	Q		
DISEASES	OR CONDITIONS, IF	DUE TO, OR AS	S A CONSEQUENCE OF:		*******************************	
rise to th	e above cause (A)	stoling the		A GOINGE OF:		
	G CONDITION fast.	THE STATE OF THE S	(c)			
II l-Lung infection due to atypical mycobacteria of the DEATH BUT NOT RELATED TO THE TERMINAL 3-Arteriosclerotic heart disease DISEASE OR CONDITION GIVEN IN PART 1 (A).						
OTHER SIGNIF	CANT CONDITIONS COL	NTRIBUTING	2-Septicemia	lue to unknown	canse	cteria 3 months 3 days
TO THE DEAT	H BUT NOT RELATED TO THE ONDITION GIVEN IN PART	HE TERMINAL	3-Arterioscler	otic heart dis	unimown	
19A. OATE OF	OPERATION 198 CON	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yos or N	o) 208 IF YES WEDE	FINDINGS CONSIDERED
2	WAS PERF	ORMED		YES	IN CERTIFYING CA	FINDINGS CONSIDERED
21A. ACCIOE	NT WAS UNDERLYING	21R	PLACE OF INTIDATE A	J. J. J. J.		TEO
OR CONTRIBL	T WAS UNDERLYING	home	torm, toclory, street, off	or obout 21C, WHERE OID INJURY OCCUR?	(If In Boltimo	ore City, give exoct location)
Learn thousty	medicol exomined	etch				
21D-TIME OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)		Whil	e At O Not While At Work			
		44.01	At Work			
	that (1) (this hospital)					June 9th 19 69
	lost sow the decease			19 69		inion deoth occurred on the d
				ond tr	int inthit (ont) ob	imon deorn occurred on the d
23A. 5IGNATU	ram the causes stat	ed above. (/)	(Me) (qiq) (qiq/ph) vi	ew the bady after death.		
2374 SIGNATU	K.E.					23B, OATE SIGNED
			Aften Phys.	ding Med. Director	Shaff Phys.	June 10 1060
23C. PHYSICIA NAME (T	NS HAA .T.	٠	DEGREE	3D. AOORESS	rnys	June 10, 1969
NAME (T	RALPH H. T	MINITAL		3900 I	och Raven B	oulevard
100		WINING,	DEGREE			
A. BURIAL CRE	MATION, 248. DATE	24C. NA	ME of CEMETERY OF CREA	MATORY 24D. L	ore Maryla	ity, town, or county) (Stolol
Buria						
	-//		ltimore Nati		ltimore.	Md.
- OAIE REC'O		25B NAME O		25C. FUNERAL DIRECTOR		ADDRESS
	11 IIM 1 3 7 70 1	man 1 3 1 1				
	JUN 1 3 196	الماريون	B E. Harber M.D.	O JOHNS F. DE	DNY, INC.	715 Light St.
150-REV. 1/1/		3 Species	o c. Harber, M.D.	O JOHNAL DE	DNY, INC.	715 Light St.

VS 150-REV. 1/1/68

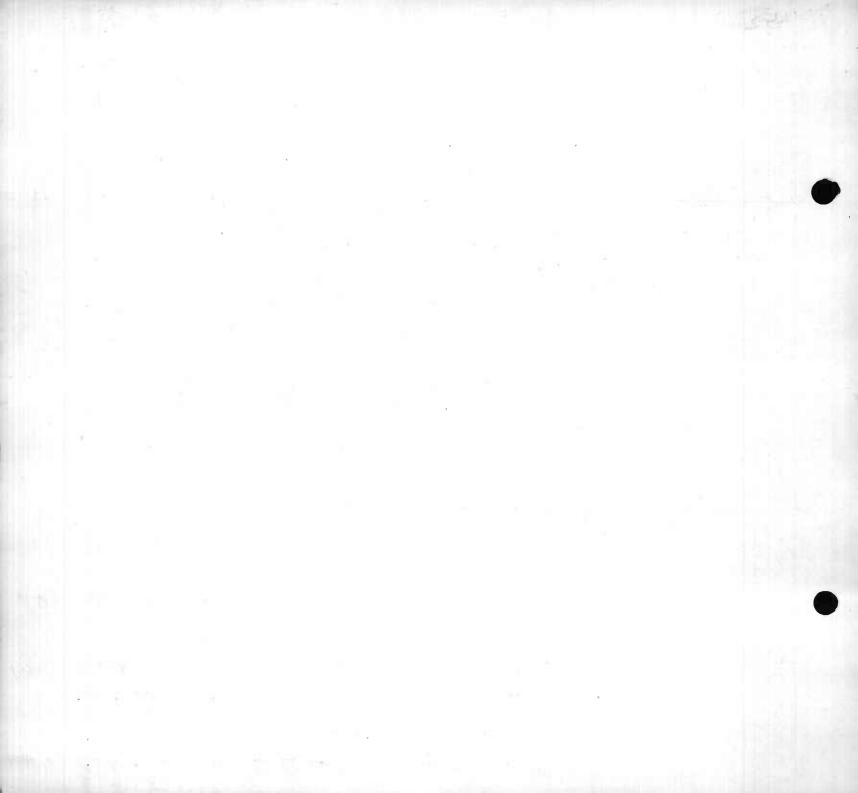
	69	59	O A	TE OF DEATH	REG. NO	69 5984
BIRTH NO.	254.650		CLKTITCA			
1. NAME OF DEC (Type or Print)	JOSEPH	HARRY	Y HUGHES		nd Hour of DEATH	
3. PLACE IN BAI	TIMORE, MARYLAND, W	HERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (WHA, STATE B, COU	ere deceosed lived. If	institution: residence before admissio
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPIT	AL OR INST	ITUTION, GIVE STREET	Md., 212	205	7-01
INSTITUTION				Baltimon		SIDE CITY LIMITS? YES NO
00 2	2934 E. Moni	ument	St.	E. STREET AND NUMBER	. 6	TESAL NO
					Monument	St.
S. SEX	6. RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	II Under 1 Yr. If Under 24 Hi Months: Doys Hours Min.
male	white	WIDOWE		6/12/24	44	
	UPATION (Give kind of working life, even if refired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNT
Guaro		Globe	Security	Baltimore,	Md.	
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN N.		
	Kenneth W.I	Hughes	S	Gertrude R.	Cole	
	Ever in U. S. Armed For		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
yes	1948	- 2	217-14-9252	Gertrude Hug	ghes, moth	er, above
18.	21/01		CAUSE OF DEATH	osis of Liv		APPROXIMATE INTERVAL
DISEASES (ise to Ih UNDERLYIN	nplication which coused ANTECEDENT CAUSES OR CONDITIONS, it e obove couse (A) G CONDITION lost.	ony, givin stoting Ih	(C)	A Addiction		9 9207.
▼ DISEASE OR C	TH BUT NOT RELATED TO T CONDITION GIVEN IN PAR					
19A. DATE OF	OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes or h	20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTE	NT WAS UNDERLYING DITING CAUSE OF medical examiner	2 he	1B. PLACE OF INJURY (e.g., is ome, farm, factory, street, of ic.)	or obout 21 C. WHERE DID	(If in Boltimo	ore City, give exoct locotion)
21 D. TIME	(Month) (Doy) (Year)	(Hour) 21	E. INJURY OCCURRED	21F. HOW DID IN	IJURY OCCUR?	
OF INJURY		V	White At Not White			
,	. (1)			110	19 60 to ~	1.00 64
			the deceased from	ine 1	19 60 to ~	lune B 1963
that (I) (Plast saw the decease	d alive an	March 10	19 <u>47</u> and 1	hat in (my) (out) ap	Inlan death occurred an the de
	110	ed abave.	(1)_(We) (did) (did nat) v	iew the bady after death	•	
23A. SIGNATU	JRE SIPO	1				23 B. DATE SIGNED
	map ic.	V	Dhue	nding Med.	Staff Phys.	6-11-69
23C. PHYSICIA NAME (1	ypeDr. Phill:	ip D.	DEGREE	3D. ADDRESS		•
24A. BURIAL CRE		[24C.	OEGREE NAME of CEMETERY OF CRE	MATORY 24D.	LOCATION (City, town, or county) (Stote)
REMOVAL (Buri	Specify)		alto. Nat. Ce		Baltimor	
25A. DATE REC'D	BY HEALTH DEPT.	258. NAME	OF REGISTRAD	25C FUNERAL DIRECTO	\ P	
			of REGISTRAP	25C SUNERAL DIRECTO		ADDRESS

25C FUNERAL DIRECTOR COLUMN TIES 2601 E

Funeral Home, Madison St.



VS 150-REV, 1/1/6B



	65	1 1762		
			ATE OF DEATH REG. NO.	69 5986
IRTH NO.	ECEASED		2. DATE AND HOUR OF DEA	TH
voe or Print)	nna Elizabeth	Moore	June 11, 1969	10:15 A. A
		HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased fived, 1	
FULL NAME OF HOSPITAL OR NSTITUTION		AL OR INSTITUTION, GIVE STREET MORIAL Hospital Avenue	Maryland C.CITY OR TOWN Baltimore E. STREET AND NUMBER	NSIDE CITY LIMITS? YES NO
//	Baltimore,		511 South Brunswick Str	eet
SEX	6. RACE	7- MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr Il Under 24 Hrs
	White CCUPATION (Give kind of work of working life, even if retired)	WIDOWED DIVORCED	lost birmody)	Months Doys Hours Min,
Housewi			Maryland	U.S.A.
FATHER'S N	IAME		14. MOTHER'S MAIDEN NAME	
John Su	llivan		Mary Donnelly	
. Was Deceas	ed Ever in U. S. Armed For		17. INFORMANT	ADDRESS
NO	wnt (If yes, give war ar date	security no. 219-32-4980	Jenkins Memorial Hospita	1 1000 Caton Avenue
DISEASES	ANTECEDENT CAUSES OR CONDITIONS, if	ony, giving (B) CALO	ouic Brain Syndro	suce Years
DISEASES vise to UN DERLYI OTHER SIGN TO THE DE	ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) NG CONDITION last. II NIFICANT CONDITIONS CO ATH BUT NOT RELATED TO T R CONDITION GIVEN IN PAI OF OPERATION 179B. CON	ony, giving DUE TO, OR A Stating the (C)	o aderatic Hearl D.	i Years
DISEASES vise to UN DERLYI OTHER SIGN TO THE DE	ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) NG CONDITION last. II NIFICANT CONDITIONS CO ATH BUT NOT RELATED TO TO CONDITION GIVEN IN PAI	ony, giving DUE TO, OR A Stating the (C)	o aderatic Hearl D.	
DISEASES rise Io UN DERLYI OTHER SIGN TO THE DE DISEASE OR 19A. DATE OR CONTRI DEATH (not	ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) NG CONDITION last. II NIFICANT CONDITIONS CO ATH BUT NOT RELATED TO T R CONDITION GIVEN IN PAI OF OPERATION 179B. CON	ony, giving Stating the (C)	O SCHOOL HOUR D. [20A. AUTOPSY? (Yes or No)] 20B. IF YES, WE IN CERTIFYING	i Yeavs
DISEASES rise lo UN DERLYII OTHER SIGN TO THE DE DISEASE OR 19. DATE 21A. ACCID OR CONTRI	ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) NG CONDITION last. II NIFICANT CONDITIONS CO ATH BUT NOT RELATED TO TO R CONDITION GIVEN IN PAI OF OPERATION 198. CON WAS PER DENT WAS UNDERLYING IBUTING CAUSE OF tily medical examiner)	ony, giving Stating the (C)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING office bidg., INJURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH?
DISEASES rise lo UN DERLYII OTHER SIGN TO THE DE DISEASE OR 19A. DATE OR CONTRI DEATH (not 21D. TIME OF INJURY (APPROX.) 22. 1 certi that () (w ond hour co	ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) NG CONDITION last. II NIFICANT CONDITIONS CO ATH BUT NOT RELATED TO TO R CONDITION GIVEN IN PAI OF OPERATION 198. CON WAS PER DENT WAS UNDERLYING IBUTING CAUSE OF tily medical examiner) (Month) (Doy) (Year) Ify that (A) (this hospito te) lost saw the decease and from the couses sto	ONTRIBUTING HE TERMINAL RT 1 (A). POTATION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., hame, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Windows	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WE IN CERTIFYING 21F. HOW DID INJURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH? imare City, give exact localion) June 19 6 9 opinion deoth occurred on the do
DISEASES rise lo UN DERLYII OTHER SIGN TO THE DE DISEASE OR 170 THE DE OF CONTRI DEATH (not PEATH (not CAPPROX.) 21 L certi that (I) (w ond hour or 23 A. SIGNA 23 C. PHYSIC NAME	ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) NG CONDITION last. II NIFICANT CONDITIONS CO ATH BUT NOT RELATED TO TO R CONDITION GIVEN IN PAI OF OPERATION 198. CONDITIONS PER DENT WAS UNDERLYING IBUTING CAUSE OF filly medical examiner) (Month) (Doy) (Year) Fy that (A) (this hospital tellocation of the couses sto	ONTRIBUTING HE TERMINAL RT 1 (A). 21B. PLACE OF INJURY (e.g. home, lorm, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Will Work Work Not Will Work At Work Not Will Work (Hour) While At Occurred Not Will Work Work Not Will Work Work Occurred Not Will Work Not Will Work (Hour) While At Occurred Not Will Work Work Occurred Not Will Work Work Occurred Not Will Work While At Occurred Not Will Work At Wor	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WE IN CERTIFYING 21F. HOW DID INJURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH? Imare City, give exact location
DISEASES rise lo UN DERLYII OTHER SIGN TO THE DE DISEASE OR 10 THE DE DISEASE OR 10 THE DE DISEASE OR 21A. ACCID OR CONTRI DEATH (not DEATH (not) 21D. TIME OF INJURY (APPROX.) 22. I certi that () (w ond hour of 23A. SIGNA 23C. PHYSIC NAME J.	ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) NG CONDITION last. II NIFICANT CONDITIONS CO ATH BUT NOT RELATED TO TO R CONDITION GIVEN IN PAI OF OPERATION 198. CON WAS PER DENT WAS UNDERLYING IBUTING CAUSE OF fily medical examiner) (Month) (Day) (Year) Fy that (A) (this hospital re) lost saw the decease and from the couses sto ond Glady Raymond Glady	ONTRIBUTING HE TERMINAL RT 1 (A). 21B. PLACE OF INJURY (e.g., home, larm, factory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Will Work Not	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WE IN CERTIFYING 21F. HOW DID INJURY OCCUR? RE FINDINGS CONSIDERED CAUSES OF DEATH? Simore City, give exact location) June 11969 opinion deoth occurred on the do	
DISEASES rise Io UN DERLYII OTHER SIGN TO THE DE DISEASE OR 19A. DATE OF INJURY (APPROX.) 21 D. TIME OF INJURY (APPROX.) 22. I certi that (I) (w ond hour c 23A. SIGNA 23C. PRYSICA A. BURIAL C REMOVAL	ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) NG CONDITION last. II NIFICANT CONDITIONS CO ATH BUT NOT RELATED TO TO R CONDITION GIVEN IN PAI OF OPERATION 179B. CON- WAS PER DENT WAS UNDERLYING ISBUTING CAUSE OF filly medical examiner) (Month) (Doy) (Year) fy that (A) (this hospital re) lost saw the deceose and from the couses sto TURE Paymond Glade REMATION, 124B. DATE L (Specify) 124B. DATE L (Specify) 124B. DATE	ONTRIBUTING HE TERMINAL RT 1 (A). POTATION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 218. INJURY OCCURRED While At Not Work Work Not Work Work (I) ottended the deceased from the dobove. (I) (We) (did) (did not) A DECREE M. OCCURRED M. OCCURR	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING 20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 6 9 and that in(my) (evr) view the body after death. Mending Med. Director Phys. 23D. ADDRESS 1000 Caton Avenue EEEEMATORY 24D. LOCATION	ere FINDINGS CONSIDERED CAUSES OF DEATH? Imare City, give exact location) July 119 6.9 opinion deoth occurred on the do 238. DATE SIGNED (City, town, or county) (State)
DISEASES rise lo UN DERLYII OTHER SIGN TO THE DE DISEASE OR 19A. DATE OR ON TRI DEATH (not 21D. TIME OF INJURY (APPROX.) 22. I certi that (I) (w ond hour of 23A. SIGNA 23C. PRYSIC NAME NAME BURIAL C REMOVAL BURIAL C	ANTECEDENT CAUSES OR CONDITIONS, if the obove couse (A) NG CONDITION last. II NIFICANT CONDITIONS CO ATH BUT NOT RELATED TO TO R CONDITION GIVEN IN PAI OF OPERATION 179B. CON- WAS PER DENT WAS UNDERLYING ISBUTING CAUSE OF filly medical examiner) (Month) (Doy) (Year) fy that (A) (this hospital re) lost saw the deceose and from the couses sto TURE Paymond Glade REMATION, 124B. DATE L (Specify) 124B. DATE L (Specify) 124B. DATE	ONTRIBUTING STATE (A). ONTRIBUTING SHE TERMINAL RT 1 (A). Sport	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING 20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 6 9 and that in(my) (evr) view the body after death. Mending Med. Director Phys. 23D. ADDRESS 1000 Caton Avenue EEEEMATORY 24D. LOCATION	ere FINDINGS CONSIDERED CAUSES OF DEATH? Imare City, give exact location) 19 6 9 opinion deoth occurred on the do 238. DATE SIGNED (City, town, or county) (State)

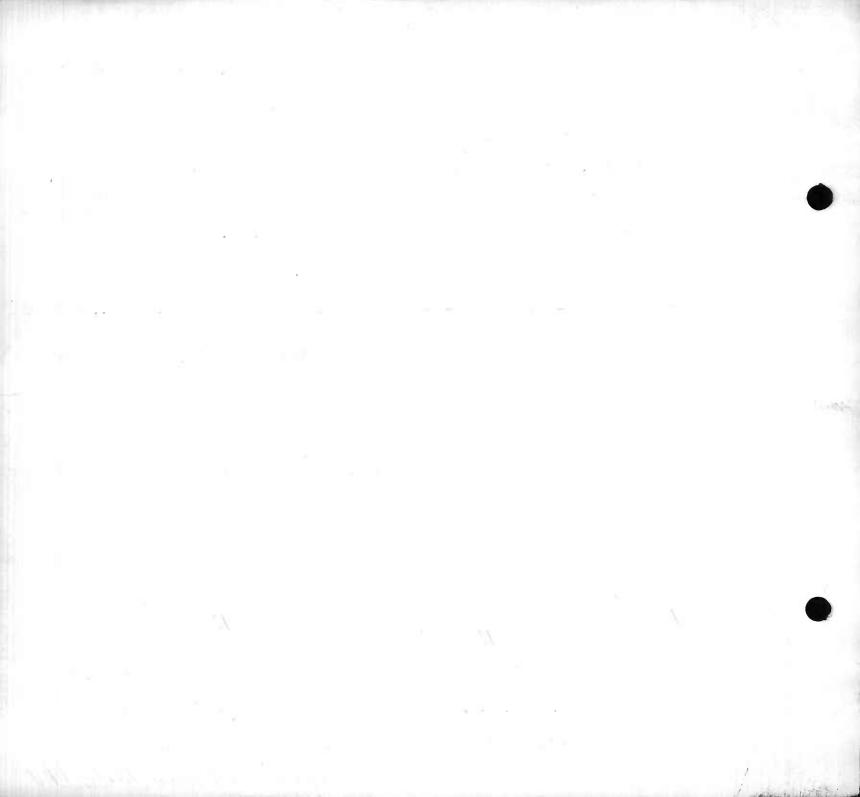
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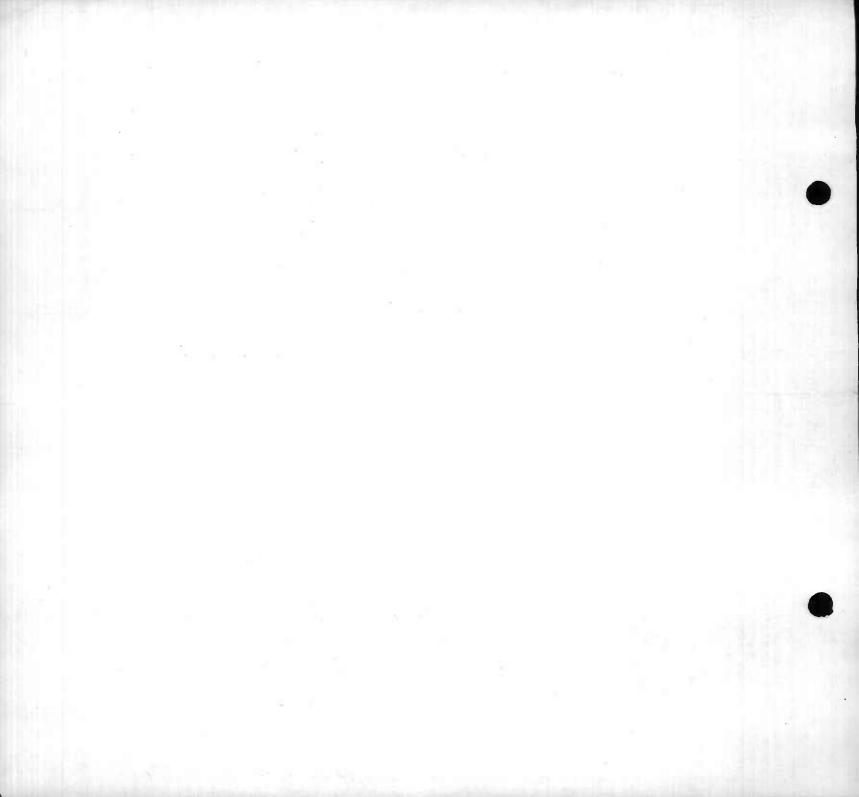
the state of the s

	69	598]']	Y HEALTH DEPA	-		69	5987	
BIRTH NO.	00	000	CERTIFICA	TE OF D	EATH	REG. NO)	0001	
1. NAME OF DECEASED					2. DATE A	ND HOUR OF DE	ATH		
RITTASE.	Lee Char	cles			Jun	e 9, 1969)	11:45 A	
3. PLACE IN BALTIMORE,	MARYLAND, WI	HERE PRONG	DUNCED DEAD	4. USUAL RESIL	B. COUN	re deceased lived	If institution	rasidenco beforo admissia	
FULL NAME OF (IF	NOT IN HOSPITA	L OR INSTI	TUTION, GIVE STREET	Mary	rland	ek."	L	7-65	
INZILLOLION	C. CITY OR TOW		D.	INSIDE CITY	LIMITS?				
			on Hospital	Balt	X NO .				
2 3900 L	E. STREET AND								
Baltimoe, Marylan						view Ave			
			NEVER MARRIED	8. DATE OF BIRT		9. AGE (In years lost birthdoy)	If Un Month	der 1 Yr. If Under 24 Hr	
Male W	hite	WIDOWED	DIVORCED	10/31/1	.888	80			
10A. USUAL OCCUPATION done during most of working life Lithographer	, even if retired)		rugated Steel	Adams (12. C	USA	
13. FATHER'S NAME			- aBaroa	14. MOTHER'S A				ODA	
						111			
John A Ritta					2. Zell	ers			
5. Was Dacoased Ever in L Yes, no or unknown) (II yes,	iva war ar dotes	of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	VA Ho	spital Re	cords	ADDRESS	
Yes 4/2	9/18 - 4/	15/19	298-10-5043A	3900 Loc				lto., Md 21218	
18. 2 8 5 9	1		CAUSE OF DEAT				,	APPROXIMATE INTERVAL	
DISEASE OR CO		CTLY						BETWEEN ONSET AND DEA	
	TO DEATH		(A) IMMEDIATE CAL	ISE Anemi	a unkn	own etiol	ogv	months	
(This does not mean heart failure, asthenia.	the mode of a	lying, e.g.,	A CONSEQUENCE	OF:		0,/	111012 0110		
injury or complication which caused death.)									
ANTECEDENT CAUSES									
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:									
The title cover code (A) stolling the									
Bronchopneumonia									
OTHER SIGNIFICANT CO									
TO THE DEATH BUT NO DISEASE OR CONDITION	TRELATED TO THE	TERMINAL	Arter	ioscleroti	c hear	t disease			
19A. DATE OF OPERATION	N 198 COND	TION FOR	WHICH OPERATION	20A. AUTOPSY	? (Yas or No	OR IF YES WI	RE FINDING	S CONSIDERED	
OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION 179A. DATE OF OPERATE	WAS PERFO	RMED		NO		IN CERTIFYING	CAUSES OF	DEATH?	
	INDERLYING [218	PLACE OF INJURY (e.g.,	n ar obout 21 C. WI	ERE DID	(If In Balt	Imare City, g	ive exact location)	
DEATH (natify medical	xominer)	etc	ne, form, factory, street, al	ice blog., INJURT	OCCUR?				
21D. TIME (Month)	(Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HO	W DID INJ	URY OCCUR?			
OF INJURY			ile At 🖂 Not While	- 1		oni occoni			
		Wo							
22. I certify that (1) (this hospital)	ottended t	he deceased from	June 2nd	1	9 69 to J	une 9t	n 19 69	
	that (1) (we) lost saw the deceased alive on June 9th 19 69 and that in (1) (aur) opinion death accurred on the dec								
and haur and from the causes stated above. (1) (We) (did) (did) right view the bady after death.									
23A. SIGNATURE	//						23 B, D A	TE SIGNED	
	-4	79/	/ Dh	nding Me	d.	Staff Phys.	J	une 9, 1969	
23C.PHYSICIAN'S		THE	DEGREE	3D. ADDRESS		rays. —		uno /, 1/0/	
NAME (Type)	DUNG E. C	нии м	n.			ch Raven			
4A. BURIAL CREMATION.	24B. DATE		AME of CEMETERY OF CRE	MATORY	altimo	re Maryl	and 212	218	
REMOVAL (Specify)	1-12-1	a TY	1 / / /n	1) /-	7	CAHON	(City, town,	or county! (State)	
DURIZI	0-16-6	7 ///		m /zr/	13.	2/10/1	1/d		
5A. DATE REC'D BY HEAL		SE NAME A	E. Jaber M.D.	250 FUNERAL	DIRECTOR	111	/	DADDRESS IA	
JUN ¹	3 1969	انتحون	-, various	/ BUKU	PIEN	16×2/ /to	me 1	32/ to UNU	
S 150-REV. 1/1/AR				11111					

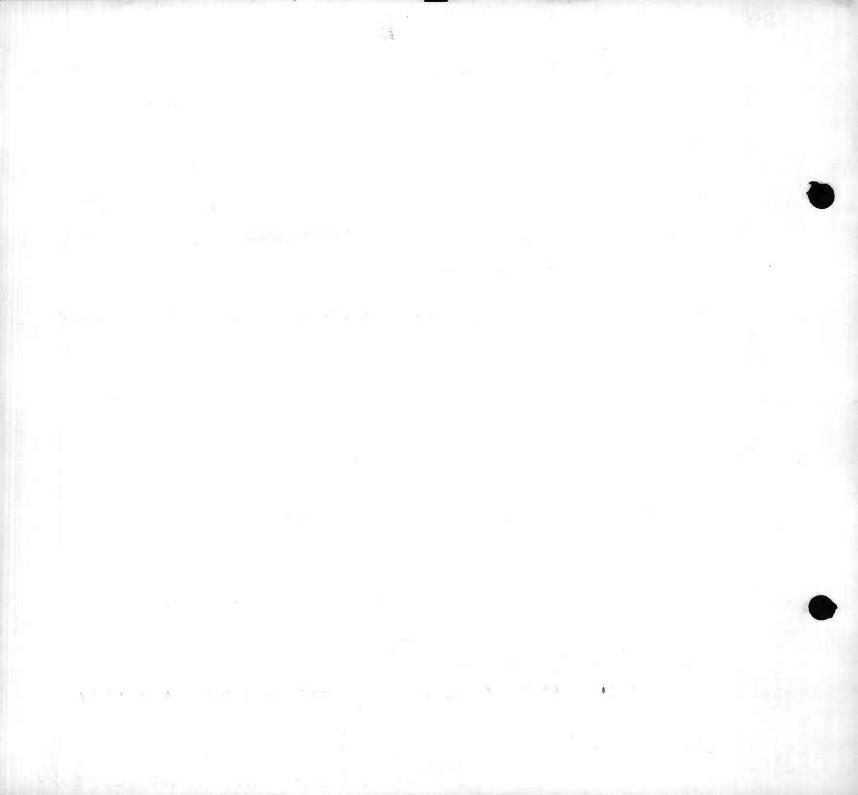
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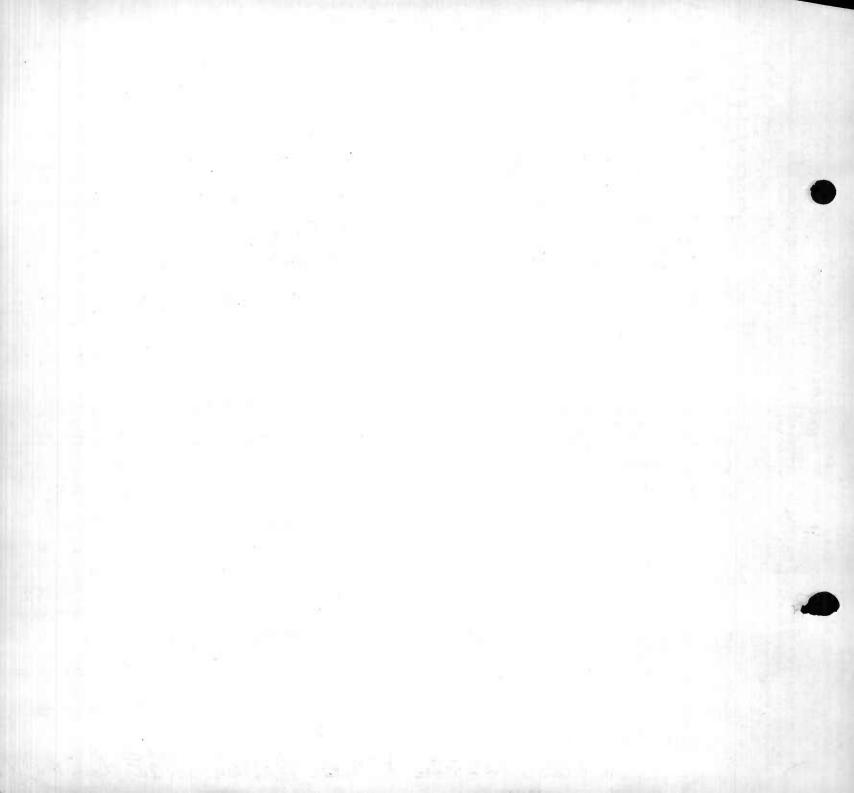
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1		69 5989 BALTIMORE CITY HEALTH DEPARTMENT						
		IRTH NO. CERTIFICATE OF DEATH REG. NO. 09 0989						
2	li,	NAME OF DECEASED TO THE PRINT OF ALAST 2. DATE AND HOUR OF DEATH						
=	3.	PLACE IN BALTIMORE MARYLAND, WHERE PRONTUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence below admission)						
	FL	ULL NAME OF OSPITAL OR ADDRESS OR LOCATION INSTITUTION, GIVE STREET OSPITAL OR ADDRESS OR LOCATION INSTITUTION ID. INSIDE CITY LIMITS?						
made.	1	UNION MEMORIAL HOCPITAL BALTIMORS 2/2/1 YES NO 1						
	5.	SER GRACE /Z MARRIE TO ALLE ROAD						
is m		MIDOWED DIVORCED 12-04-87 It Under 1 Yr. It Under 24 Hrs. Months: Doys Hours Min.						
		A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY						
dispositian	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME						
	15.	Was Decoosed Ever IN J. S. Armed Forces? 16. SOCIAL 17. INFORMANT						
final	1	SECURITY NO. 213 10 1238 A D. Pauline Transhue Same						
lo E		18. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
almed		(This does not mean the mode of dying as (A)MMEDIATE CAUSE (1) UREMIA						
9		heart failure, astheria, etc. It means the disease, injury or complication which caused deoth.)						
are emb	ANTECEDENT CAUSES GO CONCESTIVE USING THE PARTY							
		DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. (B) DUE TO, OR AS A CONSEQUENCE OF:						
nair	7	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\						
e ren	CATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).						
4/	CERTIFICATI	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of Not 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
before the remains		21A. ACCIDENT WAS UNDERLYINO 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, fociory, street, office bidg., INJURY OCCUR?						
ained	MEDI	21D-TIME (Month) (Doy) (Yeer) (Hour) 21E INJURY OCCURED 21F. HOW DID INJURY OCCUR?						
be abt		(APPROX.) While At No! While At Work						
	22. I certify that (I) (this hospital) attended the deceased from MAY 5 1969 to JUNE 10 1969 that (I) (we) last saw the deceased alive on TONE 10 1969 and that in (my) (our) epiplon death accurred on the detail.							
		ond hour and from the causes stated obove. (1) (We) (did) (did not) view the body after death.						
E		23A, SRONATURE 23B, DATE SIGNED						
appraval must		23C. PHYSICIAN'S LOCADDO CALVILLA M.D. 23D. ADDRESS						
ppr		RICARDO SALVILLA						
	1	REMOVAL (Specify) 10 14-69 10 16-14-69 10						
written	25A.	DATE REC'D BY HEALTH SEPHOS 258. TAME OF REGISTRAD ACD 259 FUNERAL DIRECTOR DODRESS MAD DO						
- 1	VS 1	150-REV. 1/1/68						



VS 150-REV, 1/1/6B



8	-	3	0	9	,	
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	d; (4) Undetermined cause; (5) Deceased	ith was in regular attendance on the O	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such 🦲	written approval must be obtained before the remains are embalmed or final disposition is made.	
IMPORTAL	or his assista	re of any kind	nounced deal	attendance o	med or final	
FUNERAL DIRECTOR: IMPORTANT	cal examiner	; (3) A fractur	ian who proi	s in regular	ins are embal	
FUNEKAL I	he chief medic	2) Body burns	re the physic	physician wa	fore the rema	
	approved by the	any nature;	(except whe	ON (9) pub ?	e obtained be	
	ate must be a	n accident of	at a hospital	rior to death)	roval must be	
	This certific	shows: (1) A	was D.O.A.	deceased by	written app	

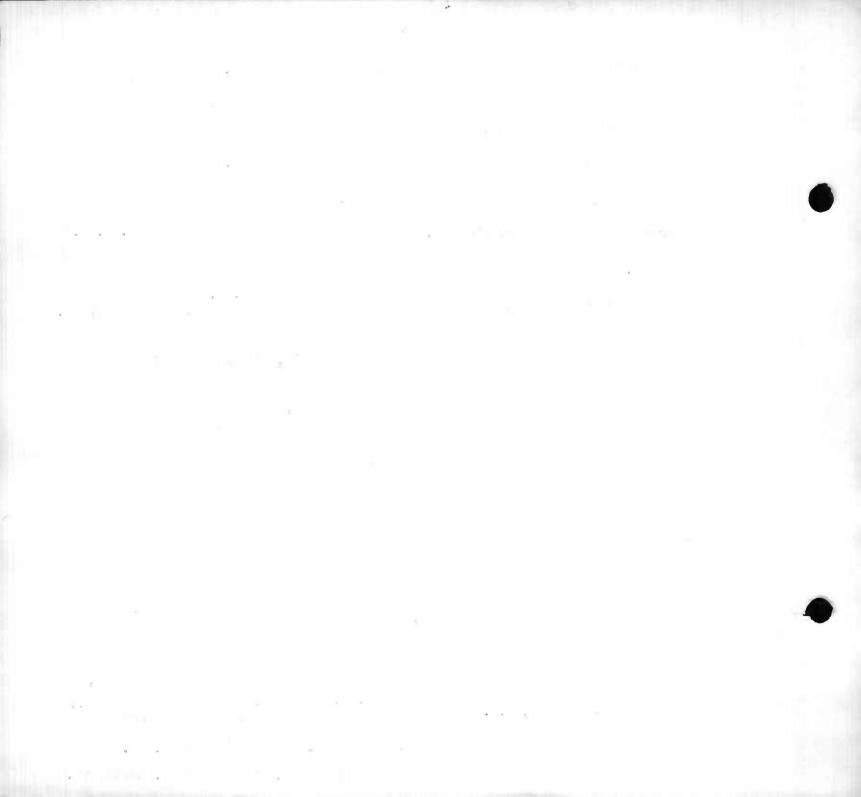
69 5991 BALTIMORE CIT	TY HEALTH DEPARTMENT				
BIRTH NO. CERTIFICA	ATE OF DEATH REG. NO. 69 5991				
1. NAME OF DECEASED (Type Print) Scilla Reed	7:37 EDT 6/11/49				
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE B. COUNTY				
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maderyland 17-03				
	Baltimore D. INSIDE CITY LIMITS?				
University of Maryland Hospital	E. STREET AND NUMBER				
5. SEX 6. RACE 7. MADDIED ALEVED MADDIED	725 George 1 18. DATE OF BIRTH 9. AGE (In years II Under 1 Yh. II Under 24 His.				
6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In yeors II Under 1 Yr. II Under 24 His. Months Doys Heurs Min.				
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR					
done during most of working life, even if retired)	Virginia USA				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Phil Tyles	Lottie Costman				
5. Wes Deceased Ever in U. S. Armed Ferces? Yes, no or unknown) Uffyes, give wer or dotes of serviced SECURITY NO. 214-20-80	17. INFORMANT ADDRESS				
18. CAUSE OF DEA	TH APPROXIMATE INTERVAL				
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH				
LEADING TO DEATH	JUSE Arteriosclerotic Cardio-				
heart lailure, asthenia, etc. It means the disease,					
injury or complication which caused death.) ANTECEDENT CAUSES	rascular riscus				
(B)	S A CONSEQUENCE OF:				
ise to the above cause (A) stating the UNDERLYING CONDITION last. (C)	3 A CONSEQUENCE OF:				
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
ODISEASE OR CONDITION GIVEN IN PART 1 (A).	100 A 11 F 0 0 0 0 V N. U 0 0 0 10 10 10 10 10 10 10 10 10 10 10				
WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY Inc. g., heme, form, loctory, street, of the place of the	In or obout 21C. WHERE DID (II in Boltimere City, give exact location) effice bidg., INJURY OCCUR?				
21D. TIME (Menth) IDoy) IYeoi) IHeui) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
Mappen West Not White At Not White At Work At Work					
22. I certify that (I) (this hospital) attended the deceased fram	10/4 19 6/10 5/23 19 69				
that (1) (we) last saw the deceased alive on 5/23	19 6 9 and that In(my) (aur) opinion death accurred an the date				
and hour and from the causes stated above. (1) (We) (did) (did not)	,				
23A. SIGNATURE	238, DATE SIGNED				
Malpies, med DEGREE Phy	ending Med. Staff Director Phys. D				
23C. FHYSICIAN'S NAME (Type	23D. ADDRESS				
DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR					
REMOVAL ISpecify) 6/1/1/6	REMATORY 24D, LOCATION (City, town, or county) (Stote)				
25A. DATE REC'D BY HEALTH DEPT. 125B. NAME OF REGISTRAR	125G-EUNERAL DIRECTOR ADDRESS				
JUN 1 3 1969 Pale E. Jailer M. S.	Charles a Rico 661W Barrel				
/S 150-8EV, 1/1/68	The state of the s				



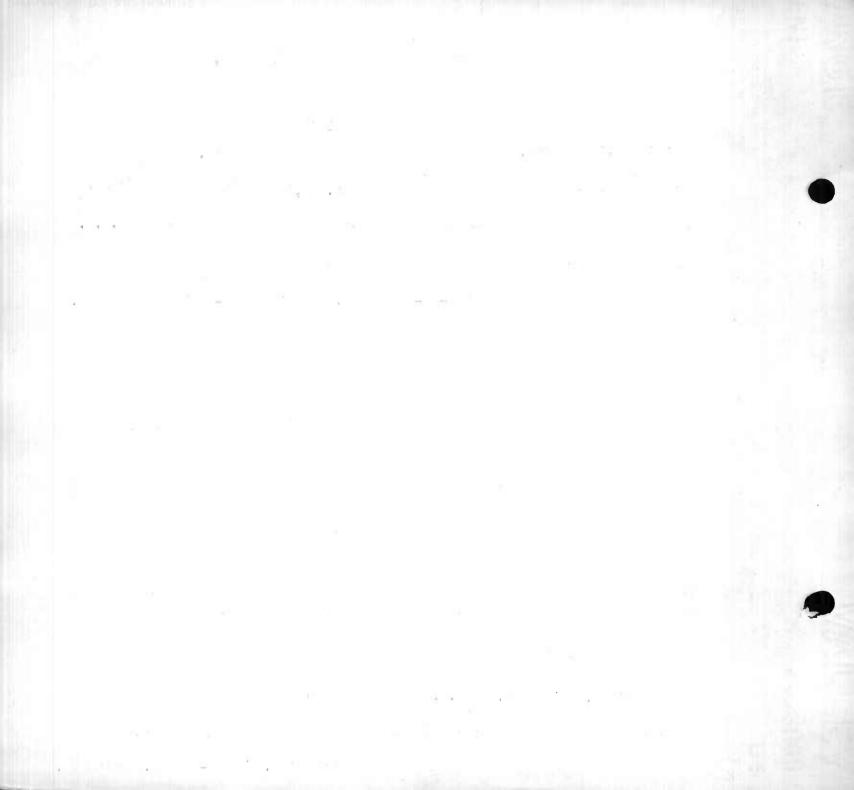
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was B.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the remains are ambuland articul directions. or his assistant if death approved by the chief medical examiner This certificate must be

	69 5	BALTIMORE CITY	HEALTH DEPARTM					
BIRTH NO.		CERTIFICA	TE OF DEA	TH REG. NO.	69 5992			
1. NAME OF DI (Type or Print)	HORSEY, ARTHUR T			June 9, 1969	5:00 P.			
3. PLACE IN B	ALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE A. STATE	E (Whoie deceased lived, If in	nstitution: residence before admission			
FULL NAME O	ADDRESS OR LOCATION	INSTITUTION, GIVE STREET	Maryland c. City OR TOWN	Baltimore	15-06			
MOITUTITEN	3900 Loch Raven Boulevard			D. INS	IDE CITY LIMITS?			
7 2 39				ADER	YES X NO			
B ₈	altimore, Maryland	21218	E. STREET AND NUM 3017 Clif					
5. SEX	6. RACE 7. MA	RRIED X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yours	If Under 1 Yr., Il Under 24 Hrs			
Male	1	OWED DIVORCED	3-14-94	lost birthdoy) 75	Months Doys Hours Min.			
done during most of Port	of working life, even if relired)	lectch & CO.	Maryland	or foreign country)	U. S. A.			
13. FATHER'S N.			14. MOTHER'S MAID	EN NAME				
	R. Horsey		Annie Will					
15. Wos Deceose (Yos no or unknow Yes	od Ever in U. S. Armed Forces? (If yes, give wor or doles of second 7-15-18 to 7-13-	19 212-09-9275	17. INFORMANTA	ords V. A. Hospi	ital ADDRESS Baltimore, Md. 2121			
rise to the UNDERLYIN	OR CONDITIONS, il any, he obave couse (A) stoling IG CONDITION last.	(C)	d Carcinoma.	right lower lo bronchus	be			
O THE DEA TO THE DEA DISEASE OR	IFICANT CONDITIONS CONTRIBU ATH BUT NOT RELATED TO THE TERM CONDITION GIVEN IN PART 1 (A).	TING IINAL		***************************************				
19A. DATE O	194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED			s or No. 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?			
OR CONTRIB	ENT WAS UNDERLYING USUTING CAUSE OF medical axamines	21B PLACE OF INJURY (e.g., ir hame, farm, foctory, street, of etc.)	or obout 21C. WHERE indury occ	DID (II in Boltimor	e City, give exact [acotion]			
21D.TIME	(Month) (Doy) (Year) (House	The state of the s		ID INJURY OCCUR?				
(APPROX)		While At Not While At Wark						
22. I certif	22. I certify that XII (this hospital) attended the deceased from April 28, 1969 to June 9, 1969							
that XIX (we	that XIX(we) last sow the deceased alive an June 9, 1969 and that in (my) (aur) apinion death accurred an the date							
and have a	and have and from the causes stated above XO) (We) (did) (AIX not) view the bady after death.							
23A. SIGNATURE Attending Med. Staff X					23B. DATE SIGNED			
23C. PHYSICI NAME (AN'S Typel	DEGREE Phys	3D. ADDRESS		June 10, 1969			
TANKE !	N, BAYADKI,	M.D.	V. A. Hospi	tal, 3900 Loch	Raven Blvd.,			
AA. BURIAL CR	FAAATION DATE TO	4C. NAME of CEMETERY OF CRE	MATORY	imore Maryland	y, 16wh, or county) (Stote)			
Buria		Baltimore, Nati		Baltimore, Co				
[A D A D E D D D D	0/22/07	-da damore and th	OHAT OFHI	DOT CTHOTE O	J O ITALI O			

Perbert E. Nutter 3035 W. North Ave. VS 150-REV. 1/1/68

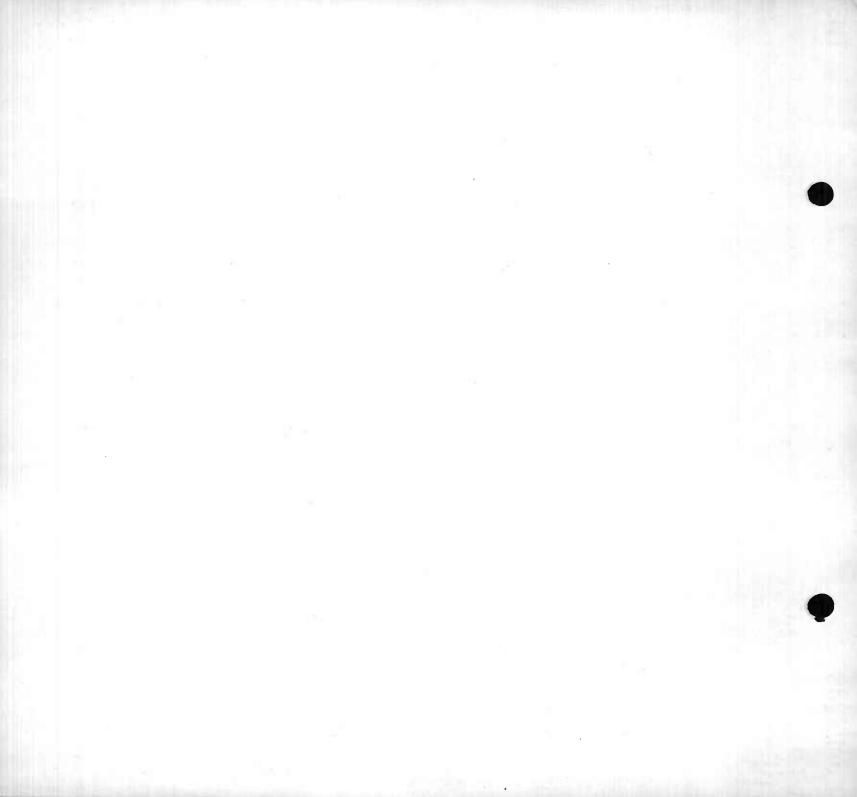


VS 150-REV. 1/1/68



	This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hos the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to deceased prior to deceased prior to deceased before the remains are embalmed or final discosing.
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FUNERAL DIRECTOR: IMPORTANT	dical cal ns; (iciar ras i
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- 1531 the sed	BIRTH NO. BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO. 59 5994
SOCO	1. NAME OF DECEASED (Type or Print) 2. DATE AND HOUR OF DEATH
spital and of deot of deot of deot of deot of deot of the on the oath. Suc	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceosed lived, If institutiom residence before odmission)
hosi ise (5) and dec	FULL NAME OF OF OF OF STREET ADDRESS OR LOCATION) FULL NAME OF OF STREET ADDRESS OR LOCATION) FULL NAME OF OF OF STREET ADDRESS OR LOCATION)
	UNIOUSITY Of MOULAND C. CUX OR TOWN D. INSIDE CITY LIMITS? E. STREET AND NUMBER
or de	SUR GOOWHISW 8691 POHOSOM
th occurrent contributates the contributates in regular eceased pronis made	5. SEX O MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) Il Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
or h in dec	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stota ar foreign country) 12. CITIZEN OF WHAT COUNTRY?
if de rect of (4) Un was the sposit	13. FATHER'S NAME
ant dire	15. Wos Decessed Ever in U. S. Armed Forces? 116. SOCIAL 17. INFORMANT WORF
kirkir kir	(Ites, nd ar unknown) (If yes, give war ar dotes af-service) SECURITY NO.
is ass any any ced ndan or fi	CAUSE OF DEATH CAUSE OF DEATH CAUSE OF DEATH CAPPROXIMATE INTERVAL
lso of of of oun	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
50 - 8	(This does not meen the mode of dying, e.g., heart failure, asthenia, etc., it means the disease, injury ar camplication which caused death.) (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:
E P 4 9 6	ANTECEDENT CAUSES
L OC C.E W	DISEASES OR CONDITIONS, if any, giving fise to the obove cause (A) stating the UNDERLYING CONDITION last, (C)
medical medical burns; (physiciar an was i remains	
チェンロロョ	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [A).
chief by a n Body the p hysicie	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 179A. DATE OF OPERATION 179B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5-45-75	OR CONTRIBUTING CAUSE OF hame, farm, factory, streat, affica bldg., INJURY OCCUR?
pa at 60 an ine 60 an ine	21D. TIME (Manth) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (APPROX.) While At Not While
C O > X E S	22. 1 certify that (I) (this hospital) attended the deceased from 6 1 10 19 19 10 19 19
= 0	that (N (we) last saw the deceased alive on 1964 and that in (m) (our) opinion death occurred on the date
eased to dent of ident of nospital or death)	and hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death. 238. DATE SIGNED
al to	Attending Med. Staff
certificate body was r vs: (1) An a D.O.A. at assed prior ten approv	23C. PHYSICIAN'S NAME (Type) ROL LSS KOSKI DEGRESS WILL ORD COL
oody 7s: (1) D.O. D.O. en ap	244. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, bwn, or county) (Stote)
	Burial 6-14-69 Arbutus Memorial Park Baltimore County, Maryland 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
	256. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 256. FUNERAL DIRECTOR ADDRESS W. North Ave VS. 150-REV. 1/1/68

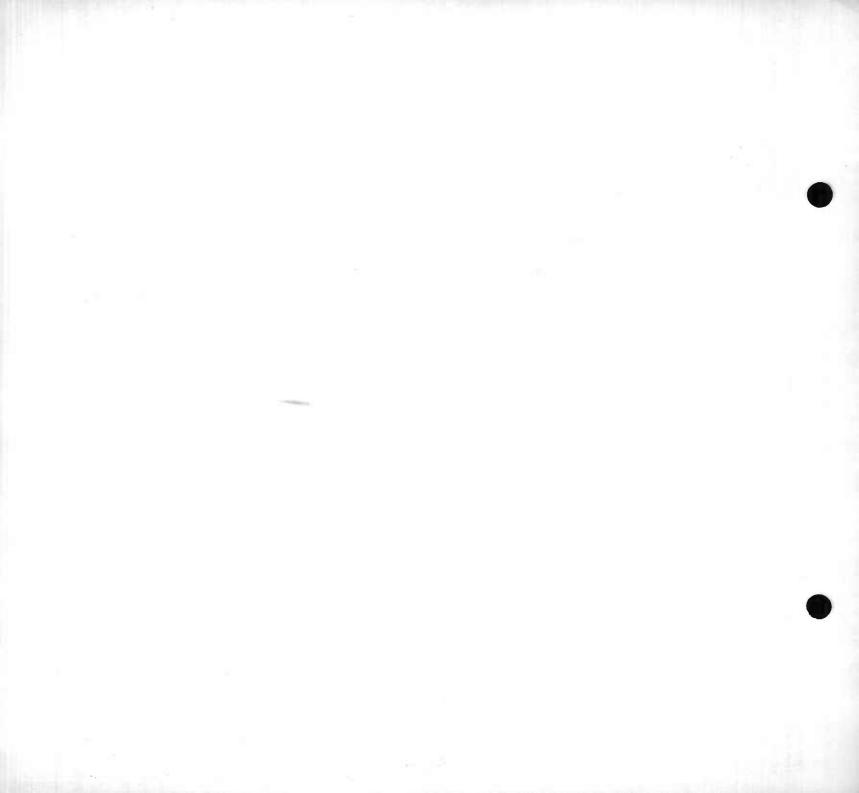


BALTIMORE CITY HEALTH DEPART

IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/68

MENT	6	9	5996	
ATH	REG. NO.		0000	
DATE AL	NO HOUR OF DEATH		. 73.	0/2
ICE (Whe	deceased lived. If in:	tilution	rasidanca hafa	(/ M.
R COUN			////	e odmissioni
17 K	(CANI)		-75	
TIM	D. INSI	DE CITY	,	
UMBER	ore	YES	NO	
E	LLIWWOO O	L.)	
	9. AGE (In years last birthday)	If Und	Days Hour	nder 24 Hrs.
12	10St birindayi 5 7	Months	Days Hour	Min.
to or fore	ign country)	12. CIT	ZEN OF WHA	T COUNTRY?
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190	9 ELLIKA	1/00	ADDRESS	4.7)
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			APPROXIMAT	E INTERVAL
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os or No	IN CERTIFYING CAU	NDINGS	CONSIDERED	
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E DID	(II In Boltimare	City, giv	e exect location	1)
DID INJ	URY OCCUR?			
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	969 to 6/			19_6/
ond the	ot in (my) (our) apin	lan dea	th occurred o	in the date
death.				
			E SIGNED	
or L	Staff Phys.	6/	916	9
)]-	OSPITA COMPSRU COOK-ZA COOK-ZA	/.		
24D- 10	CATION (City	town o	r country	(Stole)
7	LARGE PP	, 10 WIL 0	Al Lo	MA
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RECTOR	0011-47	NHIX	ADDRESS	
The St	Cook 7200	Da	ford kl	oad

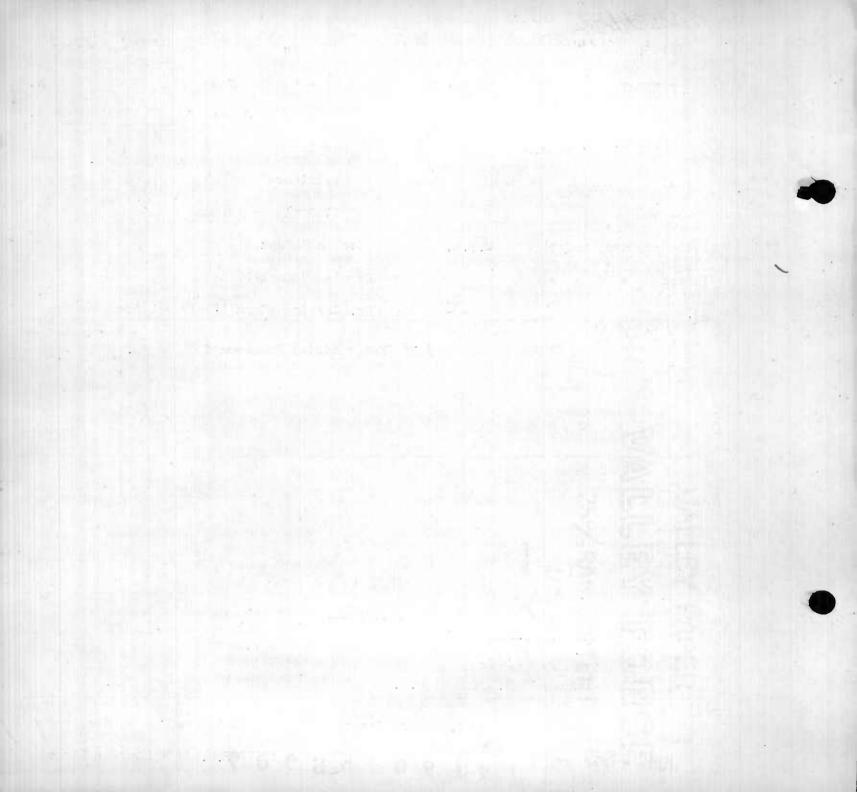




Ronald N. Kornblum M.D.

| 24B. DATE | 24C. NAME of CEMETERY or CREMATORY (City, town, or county) REMOVAL (Specify) 6-14-69 Mt. Auburn Cemetery ...Burial Baltimore, Maryland 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS C Jaber M.D. DYETT F.H. 1701 Laurens Street VS 151-REV. 1/1/6B

The SHELD



B - 300 00	BALTIMORE CITY	HEALTH DEPARTMENT		69 6000		
D - 340 69 6	0000 CERTIFICA	TE OF DEATH	REG. NO.	00 0000		
BIRTH NO. 1, NAME OF DECEASED			ND HOUR OF DEATH			
BODLEY, Bodley)	Morris	6-1	.0-69			
B. PLACE IN SALTIMORE, MARYLAND, WHERE P		4. USUAL RESIDENCE (WHA. STATE 8. COU	ere deceased lived. If ins	titution: residence before admission		
OSPITAL OR ADDRESS OR LOCATION)			Md. Balto City /6-04			
608 North Mon	roe Street	Baltimore	D. IINSIL	VES X NO		
Baltimore, Ma		E. STREET AND NUMBER		110 25		
2012 012502 0 9 110	a j zasta	608 North	Monroe			
SEX 6. RACE 7. MAI	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs Months: Doys Hours Min.		
	OWED X DIVORCED	2-2-1914	lost birthdoy) 55	Months Doys Hours Min,		
OA. USUAL OCCUPATION (Give kind of work 108, KII	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12, CITIZEN OF WHAT COUNTR		
one during most of working life, even if retired)	100	Baltimore,	Maryland	U. S. A.		
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA				
CHARLES BODLEY		ANNIE FOOT				
S. Wos Deceosed Ever in U. S. Armed Forces? (es, no of unknown) (If yes, give war or dotes of se	rvice) 1 6. SOCIAL	17. INFORMANT	21,68 00-	enth Avenue		
es, no of anknown/m yes, give war of doles of se	217058457	Helen Bodle	New/York	City, N. Y.		
18.	CAUSE OF DEAT	H		APPROXIMATE INTERVAL		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating	de Cerco	mertos is				
UNDERLYING CONDITION last. (C)						
OTHER SIGNIFICANT CONDITIONS CONTRIBU OTHER DEATH BUT NOT RELATED TO THE TERM ODISEASE OR CONDITION GIVEN IN PART 1 (a),						
19A. DATE OF OPERATION 198. CONDITION	DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED			INDINGS CONSIDERED USES OF DEATH?		
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc,)	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in 8altimore	City, give exoct locotion)		
21D. TIME (Month) (Doy) (Year) (Hour	21E. INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?			
₩ OF INJURY (APPROX.)	While At Not While		^			
WORK I AT WORK I DE TO THE TOTAL OF THE TOTA						
22. I certify that (I) (this hospital) ottended the deceased from 19 to 19 to 19						
that (1) (we) last sow the deceased alive an Mul 7 19 69 and that In (my) (our opinion death occurred an the date						
and hour and from the causes stated above. (1) (We) (did) (did not) view the body after deoth.						
23A. SIGNATURE Attending Med. Stoff O/11/6 O						
DEGREE Phys. Director Phys.						
23C. PHYSICIAN'S NAME (Type) S BODO	77-5164	23D. ADDRESS	United St	- Batter MI		
	DEGREE 24C. NAME of CEMETERY OF CR	EMATORY 24D.	LOCATION (Cit	ly, town, or county) (Stote)		
Burial 6-14-69	Arbutus Memoria	1 Park	Baltimore, Ma	arvland		
	AME OF REGISTRAR	25C. FUNERAL DIRECTO		ADDRESS		
JUN 1 3 1969 3 BLBE	Barber, M.D. O O	O MORTON EDDYE	OT F.H. 1701	Laurens Street		

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